068289 OCT

ly filled in by the funeral director, page 3 should be filed within 72 hours after death

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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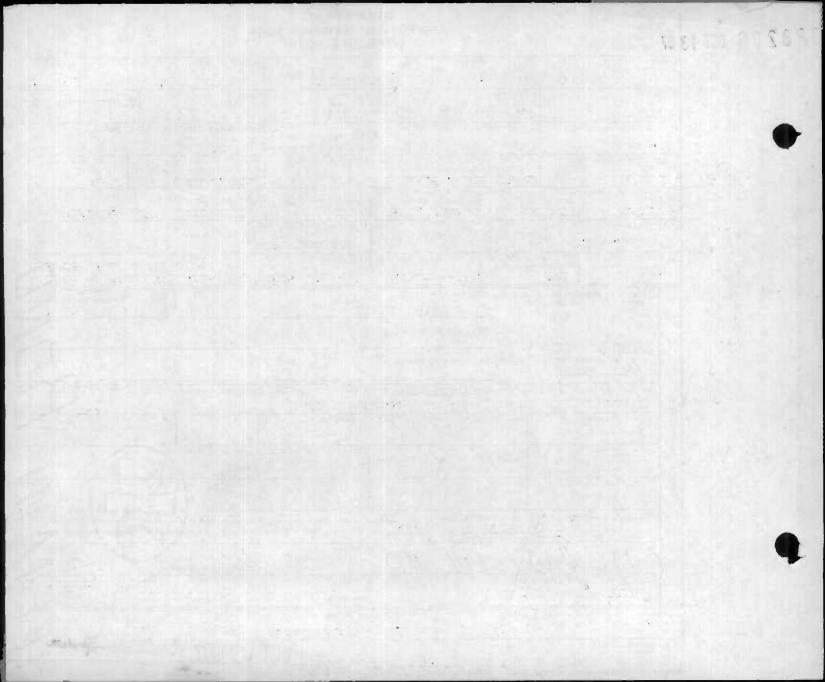
| | | | | | | REG N |) | | |
|---|--------------------------------------|--|---------------|-----------------------|--------------|-----------------------------------|--|--------------|----------------------------------|
| 1 DECEASED NAME | FIRST | MIDDLE | L | AST | | 20 DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR |
| | С | HENRY | A | CHENBAC | Н | OCTOBER | 5, 198 | 7 | 5:20 A |
| 3 SEX | | 4 RACE | 5 DATE C | | | 6 AGE (IN YEARS LAST BIRT | HDAY) IF | JNDER TEAR | IF UNDER 24 HRS |
| MALE | | CAUCASIAN | MAY | 11 | 1891 | | 96 YRS | THS DAYS | HOURS MIN |
| To BIRTHPLACE STATE O | R FOREIGN | 76 CITIZEN OF WHAT COUNTRY | Y? 8 | NEVER A | A PRIED | 9 BALTIMORE CITY O | R COUNTY O | FDEATH | |
| NEW YORK | | USA | WIDOWE | | ORCED | MONTGOM | ERY | | M |
| 10 CITY OR TOWN OF E | EATH | 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY GIVE STRE | | R OTHER INST | ITUTION | 12a USUAL OCCUPATI | | | F BUSINESS O |
| ROCKVILLE | | SHADY GROVE AD | | r NURSI | NG CTR | ACCOUNTAN' | | EBASO | 20 |
| USUAL RESIDENCE (IF N | URSING HOME OF | ROTHER INSTITUTION, GIVE RESIDENCE BEF | | 13d INSIDE CI | TY HAAITS? | 13e STREET ADDRESS | | | 1127 |
| MARYLAND | | GOMERY GAITHER | | YES X | NO [| 19310 CLUI | HOUSE | ROAD | /507 |
| 14 FATHER'S NAME | | MIDDLE LAST | | | MAIDEN NAM | | | | |
| UNOBTAINAB | | (AS) | | | TAINABI | | | LAS | |
| 160 WAS DECEASED EV | | RMED FORCES? 166 SOCIAL SEG | CURITY NO. | 17 INFORMA | NT | 1931 (| SS | HOUGE | RD/507 |
| YES | WWI | 089-09- | 9459 | ADELAI | DE ACHE | ENBACH GAITE | HERSBUR | G, MD | 20879 |
| 18 CAUSE OF DE | ATH Enter or | nly one couse per line for a , ib , a | and c | | | | | | MATE INTERVAL DNSET AND DEATH |
| PART I. DEATH | WAS CAUSE | D BY: | CH CANO | CER | | | | | ONTHS |
| | | DUE TO, OR AS A CONSEQ | | | | | | | |
| PART 2 OTHER SI CONGEST: | IVE HE | CONDITIONS CONTRIBUTING TO | NE MARI | ROW FAI | LURE | | | | |
| CONGEST: | RATION | 196 CONDITION FOR WHIC | CH OPERATION | WAS PERFOR | RMED | 20a AUTOPSY? YES NO | 20b IF YES, W IN CERTIFYIN YES [| IG CAUSES | GS USED OF DEATH? NO |
| OR CONTRACTOR | CAUSE OF DEA | HOUR A.M. MONTH | DAY YEAR | 21c. HOW IN. | IURY OCCURR | ED (ENTER NATURE OF INJUR | Y IN ITEM 18, PART | OR PART 2) | |
| (IF EITHER NOTIFY MEI 21d INJURY OCCU WHILE NOT AT WORK AT | WHILE WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | E_FARM, ETC.) | 21f LOCATIO STREET | N | CITY OR TOW | N | COUNTY | STATE |
| 22a I certify that | | mil) attended the deceased from | | | . 19.87 | - to OCTOBE | 5 19 | 37 | that II KK la |
| abave, (1) (we | osed alive on Idid XIX X 0 | OCTOBER 2 19. | .87, on | d that in (my) 1 | XX opinion d | leoth occurred on the do | te and hour or | nd from the | couses stated |
| 226 SIGNATURE | 01 | 1 . 6 | 110 | DEGREE | TIENDING | who we | | 22c. DATE | SIGNED |
| 10 | us l | DURKELL | MP | Р | | MEDICAL STAF | IAN | 10/9 | 3/87 |
| 224 PHYSICIAN'S | // | | | 22e ADDRESS | | | Gai | thers | ourg, M |
| CHERYL V | AT NCHE! | LL, MD | | 19241 | MONTGO | MERY VILLA | E AVE | (208 | 79) |
| | | | | | | | | | |
| 230 BURIAL, CREMATION | | | NAME OF CE | EMETERY OR C | REMATORY | 23d LOCATION | | INITY | CYATE |
| | | | | | | 23d LOCATION CITY OF TOWN FAIRFAX | | RFAX. | STATE VIRGIN |
| 230 BURIAL, CREMATION BURLAL 24 FUNERAL DIRECTOR | n, removal | | AIRFAX | MEMORI 2 | AL PARK | CITY OR TOWN | | | |

BP. DHMH - 16 60M 7/73 (VR A 15 (4))

etoined by the haspital or attending physician

TO HOSPITAL

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicide should be detached for use as the buriol-transit permit. Then please remove carbon popers with the State Dept. of Heolih and Mental Hygiene priar to burial, cremation, or removal.



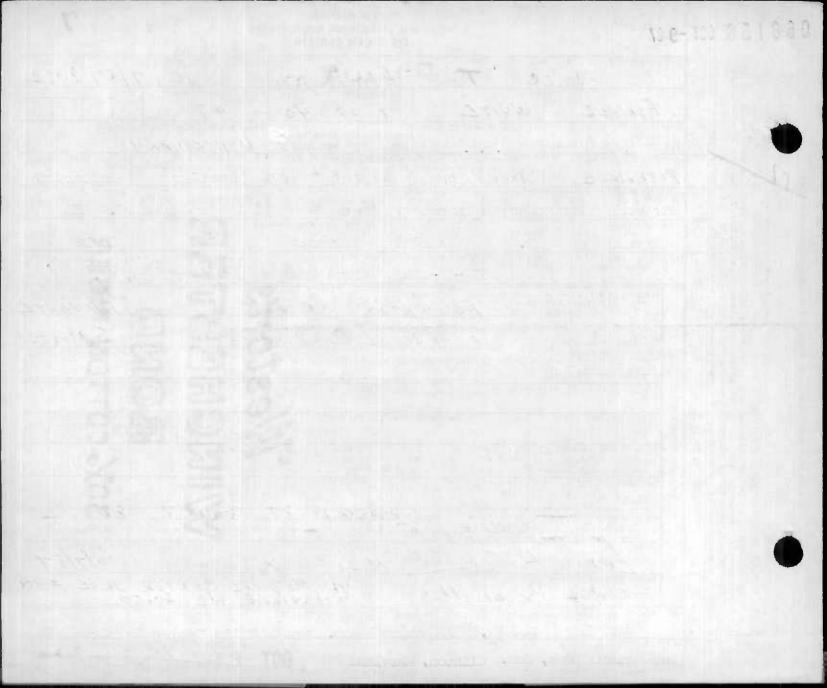
DHMH 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| à | | (3) | - | 7 |
|---|---|-----|---|---|
| | 7 | 3 | 1 | |

| ٠, | | REGISTRAR | | | | CERTIF | ICATE OF | DEATH | | REG. NO | | | | |
|-----|------------|------------------------|-------------------|------------------|--|-------------------|----------------|---------------------|-----------------------|--------------------|-------------------|---------------|------------|--------|
| - 1 | | EASED NAME | FIRST | N | VIDDLE | 1 | AST | | 20 DATE OF D | DEATH | MONTH E | DAY YEAR | 26 HOUR | R |
| -1 | (TYPE (| OR PRINT) | 1015 | 2 | Thres | a A | Ndi. | nation | | 10 | 0/1 | 7/87 | 8:45 | AM |
| | 1.58 X | 9 | / / | 4 RACE | 711100 | 5 DATE C | | 0 | & AGE LINYEA | ARS EAST BIRT | | IF UNDER YEAR | IF UNDER | 24 HRS |
| | | FEMALE | - | WHIZ | 6_ | MONTH | 22 | 40 | 4 | 7 | YRS | | HOURS | WIN |
| 9 | 7a BIR | THPLACE TATE OF F | OREIGN | 76 CITIZEN OF | WHAT COUN | TRY? B | D NEVER | MARRIED | 9 BALTIMOR | E CITY O | COUNTY | OF DEATH | | |
| | All | oany, New | York | U.S. | .A. | WIDOWE | | WORCED K | MON | T601 | YERU | 1 | | MD |
| 34 | | TY OR TOWN OF DEA | | 11. NAME OF H | OSPITAL, NU | URSING HOME C | OR OTHER IN | TITUTION | 170 USUAL O | | | 126 KIND C | F BUSINE | SSOR |
| 5 | Ro | CKUILLE | | Shadi | 1 (bro | ove Ao | vent. | st Hosp | Asse | emble: | r | Elect | ronic | CS |
| 5 | 130 S | | 13b COUN Montg | ITY | GIVE RESIDENCE 134 CITY OR Germa | | 13d INSIDE | CITY LIMITS? | 13e STREET AL 20300 | DDRESS / | zıp code erick | Rd. # | 51 | 74 |
| -74 | 14 FA | THER'S NAME | | MIDDLE | LAS | 1 | 15 MOTHER | 'S MAIDEN NA | WE | MIDDLE | | LAS | | |
| 0 |] | Raymond | | P. | K | eiflin | Fra | nces | | | | Cowl | es | |
| 1 | | (AS DECEASED EVER | | MED FORCES? | 166 SOCIAL | SECURITY NO | 17 INFORM | ANT | 1230 | 7 ^{ADDRE} | ss Mol | ly Berr | y Rd. | • |
| 1 | No | | (11 103 011 | t was on bally | 578 – 50 | -2030 | Carol | Croppe | er Uppe | er Mar | rlbor | o, Md. | | |
| | | 8 CAUSE OF DEAT | H Enter on | ly one couse per | line lar (a), (| b , and ic | | 1 | | | | BETWEEN | MATE INTER | DEATH |
| | | PART DEATH W | | E CAUSE (a) | RESI | PIRATO | RY 1 | HRRE | 87 | | | 1414 | 160/4 | 176 |
| | | | | DUE TO, OF | R AS A CONS | SEQUENCE OF | 7 | 4 | | | | - | 11 | - (1 |
| | | Conditions, if any, | | (b) | ESOF | HAGEA | 10 | ARCIN. | OMA | | | 0, | NON | 714 |
| | | gave rise to immo | ng the | DUE TO, OF | R AS A CONS | SEQUENCE OF | | | | | | | | |
| | | underlying cause | | (c)_ | | | | | | | | | | |
| | 2 | PART 2 OTHER SIGN | NIFICANT (| CONDITIONS CO | ONTRIBUTING | G TO DEATH BUT | NOT RELATE | D TO THE TERM | AINAL DISEASE | OR CON | DITION GIV | EN IN PART 1 | 0 | |
| - | HOLL | DATE OF OPERA | MONT | 101 COND | TION FOR W | HICH OPERATIC | NI WAY AS DEDE | OPMED | 20a AUTO | PSY? | Tank IF YES | S. WERE FINDI | NGS LISER | |
| # | CERTIFICAT | DATE OF OPERA | 11014 | 170 COND | INOINTOK W | THEIT OF ERAFIC | NA WASIERI | OKINED | | | IN CERTIF | YING CAUSES | | H3 |
| 1 | E E | 21a ACCIDENT WAS UNI | DERIVING T | 7 216 TIME O | E IN ILIRY | | Izic HOW | NJURY OCCUR | | NOL | | S CORPANI 21 | NO L | |
| 7 | 125 | OR CONTRIBUTING | CAUSE OF DEA | HOUR A. | M MONTH | H DAY YEAR | | | (Clarke and | 0 | | | | |
| 1 | MEDICAL | THE EITHER NOTIFY MEDI | | 21e PLACE | | 19 | 711 LOCAT | ION | | | | | | |
| | WE | WHILE NOT W | HILE | | | OFFICE FARM ETC) | STRE | | | CITY OR TO | WN | COUNTY | | IATE |
| | | 270.1 certify that (I) | | attended th | a decensed l | SEPTO | UBER. | 28 10 87 | 10 Q17 | OBER | 7 | 1087 | that (1) | last |
| | | saw the deceas | ed alive an | OCTOBER | 26 | | nd that in (m | y) apinion | death accurred | on the do | ate and hav | and from the | couses sto | oted |
| | | 226 SKSNAJZRE | Old Res | View the body | oner deam. | | DEGREE | | | | | 220 DATE | SIGNED | |
| | | 100 | ve | Bale | · | 1 | lide | PHYSICIAN PHYSICIAN | MEDICAL DIRECTOR [| STAF PHYSIC | IAN 🗌 | 10/ | 7/8 | 7 |
| 7 | 1 | 774 PHYSICIAN SIN | AME TYPE'C | | | 1 | 77e ADDRI | 19 MG | Sicht. | CEL | 1750 | DRIVE | 5 4 | £30 |
| 1 | | SEORE | SE | 150 LEA | J, M | 10, | 1 8 | OCKVIC | LEL | 10. | 208 | 50 | 1 | |
| | | BURIAL, CREMATION, | REMOVAL | 736 DATE | | 731 NAME OF | EMETERY OF | RCREMATORY | 238 LOCA | TION | | COUNTY | | TATE |
| | | Burial | | oct 10 | 1987 | Nationa | 1 Mem. | | Falls | Chu | rch | Fairfax | | Va |
| 34 | | UNERAL DIRECTOR | | _ | _ ADE | DRESS | | 750 DA | | GISTRAR | 256 REGIST | TRARSSIGNA | URE | |
| | Le | e Funeral | Home, | , Inc. | Clinto | n, Mary | Land | UU | 1 - 81 | 98/ | guera | Dividion | Versia | 1 |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| | REGISTRAR | ***** | TORE EXAMI | 1211 2 02 | KIIIICAIL | OI DEATH | REG NO |) | | |
|---------------|---|--------------------------------|-------------------------|--------------|-----------------------|----------------------|--------------------|------------------|---------------------|-------|
| | ECEASED NAME FIRST | | MIT-118 | LAS | ST | OF | KNOWN [* | MONH | LAY YEAR | 26 49 |
| | ELLEN | HANNA | PEDRI | | LCORN | | MATED 1 | 1104 | 26,98 | 1 8 |
| 3 SE | X 14 RACE | 5 DATE OF BIRTH | YEAR LAST BIRTHE | EARS IF UNDE | R 1 YR IF UNDE | ER 24 HRS 2t DA | | MUNTH | AY YEAR | 2d HC |
| 1 | -emale white | 1-1-0 | | 'RS | | DEA | D . | 10 - | 28 ₁₉ 8. | 10/ |
| \$ | DREIGN COLNEY | 76 CITIZEN OF WHA | AT COUNTRY? | MARRIED | NEVER MAR | RRIED 9 BALTI | MORE CITY C | | | |
| | ennsylvania | U.S.A. | | WIDOWED | | RCED 🗆 | | NTO | 10m | ery |
| | CITY OR TOWN OF DEATH | IF NOT IN SUCH FACE | ITAL, NURSING HOM | | INSTITUTION | 12a USUAL OCC | DRKING LIFE | 19 | OHN | HOP |
| | aithersburg | | hal Ave, | | | Telepho | ne Ope | ratorf | hysic | s Lal |
| | JAL RESIDENCE (IF IN NUR ING HOME OF | | RESIDENCE BEFORE ADMISS | 1130 | d INSIDE CITY LIMITS? | 13e STREET ADD | RESS | | | |
| M | aryland Monto | omery | Gaithersb | urg | YES X NO | 101 Ode | nhal A | ve., | #905 2 | 0877 |
| | ATHER'S NAME | MIDDLE | LAST | 15 | MOTHER'S MAI | DEN NAME | MIDDLE | | AST | |
| W | illiam | Han | na, Sr. | | Sara | | | | drick | |
| | WAS DECEASED EVER IN U.S. ARM | | 166 SOCIAL SECURIT | | | 19733 Mer | | | | d, |
| N | o | | 578-05-29 | 80 F | Raymond | W. Alcor | n, Ma | ryland | 208 | 55 |
| | Conditions, if ony, which gove rise to immediate couse (a) stating the <u>underlying couse lost</u> PART 2 OTHER SIGNIFICANT CONDITIONS C | (c | S A CONSEQUENCE | OF | | Can te | 1080 | 700 | 3, 218 | |
| CERTIFICATION | | | | | | | | | | |
| CA | 190 DATE OF OPERATION | 196 CONDITIO | ON FOR WHICH OPER | ration was | PERFORMED? | | | | 20 AUTOPSY | 13 |
| RTIF | 210 EXTERNAL CAUSE WAS | | | | | | | | YES 🗌 | NO D |
| | UNDERLYING OR CONTRIBUTING CAUSE OF D | | MONTH DAY YEA | R TE HOW | INJURY OCCUR | RED LENTER NATURE OF | njury in item 18 f | PART 1 OR PART 2 | 1 | |
| MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF STREET, FACTOR | INJURY (AT HOME | 21f LOCA | | CITY OR I | Q | | | STAT |
| 2 | WHILE NOT WHILE T | | | | | 1 | OWIN | COUNT | * | STAL |
| | 220 I certify that I took charge death resulted from Natura | 5.3 | | Autopsy | Inspect | undetermined r | | d in my opini | on | |
| | 10 | - | _ | | TITLE (SPECIFY) | | | | | ~ |
| | SIGNATURE | -0 | une | M.D., | Dignit | MEDICAL EXA | MINER | DATE SIGNED_ | 10. | 3 |
| | EXAMINER'S NAME (TYPE OR PRINT) | shn = | Tabe | V- AD | DRESS 62 | 57(8 () | 61500 | Set | Le Co | D. |
| 23a F | BURIAL, CREMATION, REMOVAL 23 | b DATE | 23¢ NAME OF CE | | | 23d LOCATION | | | | |
| В | urial | 11-02-87 | | | | Brentw | and P | COUNTY | Maryla | TATE |
| | RANCIS GASCH' | S SONS F | UNERAL | HOME | P ASO DATE | E REC'D BY REGISTE | | | NATURE | ILIU |
| | 739 Baltimore Av | - Hands | avilla Mai | auland. | 1, NO. | V 4 1987 | Alia 1 | Taridam. | D. 1. | 7 |

10 S- 101 -8 8 3 0 1 FRINGE WARTE 1 - 1 63 84

STATE OF MARYLAND

| 68 | 139 OCT -9 | 87- | FOR STATE REGISTRAR | | DEPAR | | EALTH AND MENTAL HYG | JENE / REG. N | . 9 o. | j 1 | , |
|---------------------------|--|---------------|---|----------------------------------|----------------------|-------------|------------------------------|---------------------------|-------------------|----------------|----------------|
| | oge 3 | | CEASED NAME FIRST OR PRINT) ME | | MIDDLE | All | EN | 20 DATE OF DEATH | MONTH DA | YEAR 2b | HOUR DHAMA |
| | poog er de | 3 SE | | 4 RACE | // ' | 5. DATE C | OF BIRTH | 6. AGE (IN YEARS LAST BIR | THDAY) IF | UNDER LIFAR IF | UNI ER ZI HRS |
| | 4 5 0 | | Male | Whi | te | July | 30 1934 | 53 | YRS | M. 2 31 | L R MIN |
| - | 1 110/ | | RTHPLACE (MATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY | (? 8 | NEVER MARRIED | 9 BALTIMORE CITY | 7.110 | FDEATH | |
| • | 1615 74 | | Virginia | USA | | WIDOWE | | Montgor | nery | | MD. |
| _ | 11 11 | 10 C | TY OR TOWN OF DEATH | | HOSPITAL, NURS | ING HOME C | OR OTHER INSTITUTION | 12a USUAL OCCUPAT | | 126 KIND OF B | LISINESS OR |
| 101 | | | Rockville | SHAD | 9 GROL | 1 E Ad | WENTEST HOSPIT | Truck I | | Gai. | therbur |
| 212 | 2 55 20 | 13a. S | AL RESIDENCE (IF NURSING HONE) STATE | HTY INSTITUTION | 130. CITY OR TO | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | | | |
| AND | 1 1 20 | | arvland Fred | lerick | Mt. Ai | ry | YES NO X | 106 Conto | | d 2177 | 1 |
| P. | 1 10 /// | TILEA | THER'S NAME | WIDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | WE | | LAST | |
| \$ | 1 11/00 | 1 | James | р. | Allen | | Gracie | | | Wetze | 1 |
| 0 8 | 1 11 1/ | | | RMED FORCES? VE WAR OR DATES! | 166 SOCIAL SEC | CURITY NO. | 17 INFORMANT | ADDR | | | _ |
| A I | 1 1 | | No | | 216-30- | | Margie Allen | Contour F | ld, Mt. | | |
| al A | 1 1 1 1 | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE | nly one cause per | line for (0), (b), o | and ic | 11/19/2019 | | | BETWEEN ONS | |
| tn | 1 221 | | | TE CAUSE (a). | METAST | HIIC | HYPERNEP | HISOLIT | | 9/1/87- | -10/6/87 |
| 0 | 1 1007 | | | DUE TO, O | r as a conseq | UENCE OF | | | | | |
| 28 ES | 9 1011 | | Conditions, if any, which gave rise to immediate | (b) | | | | | | | |
| * | 5 65 5 | | couse to, stating the underlying cause lost | 1 | r as a conseo | UENCE OF | | | | | |
| 201 | 0 100 | | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO | D DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN | I IN PARI I a | |
| 508 | 1211 | Z | | | | | | | 577.077.077.27 | | |
| DIVISION OF VITAL RECORDS | 1 1117 | CERTIFICATION | 190 DATE OF OPERATION | 19b_COND | ITION FOR WHIC | HOPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 206 IF YES, V | WERE FINDINGS | USED |
| AL & | the land |] 🗒 | g-melon. | | | | | YES NO | YES | | NO [|
| <u> </u> | hysicite icote ico | Ü | OR CONTRIBUTING CAUSE OF DE | | F INJURY M. MONTH | DAY YEAR | 216 HOW INJURY OCCUR | RED (ENTER NATURE OF INA | RY IN ITEM 18 PAR | OR PART Z | |
| Ö | ding plang p | CAL | (IF EITHER NOTIFY MEDICAL EXAMINE | AIN | | 19 | | | | | |
| SIO | 1 6 6 - 01 | MEDICAL | 21d INJURY OCCURRED | 21e PLACE | OF INJURY | FARM ETC) | 211 LOCATION STREET | ITY OR TO | WN | COUNTY | TATE |
| DIVI | NG P | | AT WORK AT WORK | | | 1-7: | 5-22 2 03 | 46=33= | 3 / | | |
| | rol o rol o rol o ruse reco | | 22a I certify that (I) (this hasp | | | 103 | d that in (my) (our) opinion | | | | t II (we) lost |
| | OR ATT e hospir DIRECTO sched fo Dept of f Item 2 | | saw the deceased glive or above, (I) (we) did (did no 27b SIGNALURE | view the body | affer death. | | DEGREE | deam accorred on the a | | The DATE SIG | |
| | 7 + 7 + 0 - | | N/ | hit ! | 1 | | ATTENDING \ | MEDICAL STA | | 10/1 | 10-7 |
| | HOSPITAL ned by the FUNERAL uld be detected to the State | - | 22d. PHYSICIAN'S NAME (TYPE | OR PRINT) | Rille | | PHYSICIAN D | DIRECTOR PHYSIC | IAN [] | 10/0 | 10/ |
| | to HOSPITA eroined by TO FUNERAl should be de with the Stati | | HERBERT M | - 1- | 25 | | 1 - 1 - 1 - 1 - 1 - 1 | NV CONT | 21 11 11 | - Devel | 110 015 |
| | Shoot shoot | 23a F | BURIAL, CREMATION, REMOVAL | 1236 DATE | | NAME OF C | 1/5225 SHA | 123d LOCATION | 中10 | 2 KOCKEN | TIC PID. |
| | BP | | Burial | Octobe | | | t Methodist Ce | CITY OR TOWN | Fauqu | ier Vi | rginia |
| | | 24 FI | JNERAL DIRECTOR | | 1987 | | 25g DAT | E REC'D. BY REGISTRAR | | | |
| | DHMH = 16 60M 7 /84 (VRA 15, 4) | Ba | rber Funeral Ho | ome . La | ytonsvil | lle, Md | . 20879 00 | T 8 1987 | Julia , | Divideon- K | andall |

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BP DHMH 16 60M 7

(VRA 15, 4)

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| m | DEM | | _ | - | | | | | _ | ٠. | | | | - | | | - |

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| OCT | 20 | FOR THE DEGISTRAR | | | DEPA | | ICATE OF DEATI | | NE/ F | ソン | 6. 4 | |
|------|---------------|--|--------------|------------------------------------|----------------------------|----------------|------------------------------------|------------|------------------------------------|--|---------------|---------------|
| | | CEASED NAME | FIRST | , | MIDDLE | | LAST | 1 | O DATE OF DEATH M | ONTH DAY | YEAR 26 | HOUR |
| | (TYPE | OR PRINT) | NASTA | SIO | | A | nBROG | / | | 10 9 | 8710 | 0:27 A |
| | 3. SE) | | | 4 RACE | | 5. DATE (| OF BIRTH | - | AGE IIN YEARS LAST BIRTH | | Chi i i Chian | UNDER 24 HRS |
| | N | MALE | | CAUCAS | SIAN | AUGU | ST 12, 191 | AR 5 | 67 | YRS | S BAIS HO | URS MIN |
| 1 | | RTHPLACE PATEORE | FOREIGN | 76 CITIZEN OF | WHAT COUNT | PY2 8 | XX NEVER MARRIE | 9 | BALTIMORE CITY OR | | EATH | |
| / | | TALY | | ITALY | 7 | WIDOWI | | | MOA | V7601 | MERY | MD |
| -7 | -0 | ITY OR TOWN OF DEA | ATH . | | HOSPITAL, NUI | | OR OTHER INSTITUTION | | 20 USUAL OCCUPATION | | KIND OF BL | JSINESS OR |
| ð | | IVER SPR | 129 | 1-10LY | CROS | 5 Hos | | | STONE MASON | | QUARRY | |
| 5 | 13a S | AL RESIDENCE (IF NURS STATE ARYLAND | 13b COUN | OTHER INSTITUTION ITY GOMERY | 130 CITY OR T KENSII | OWN | 13d INSIDE CITY LIA YES NO [| | 3 STREET ADDRESS / 2 | | IVE 20 | 0895 |
| 1 | 14 FA | THER'S NAME | | ulbbi b | LAST | | 15 MOTHER'S MAIL | DEN NAME | | | | |
| 5 | | ALIBRANDO | | WIDDLE | AMBROG: | I | ESTERE | | MIDDLE | | ROSS | I |
| 1 | 16a V | WAS DECEASED EVER | | MED FORCES? | 166 SOCIALS | | 17 INFORMANT | | ADDRES | S | | |
| 1/ | 1 | VAS DECEASED EVER VES NO OR UNKNOWN) | (IF TES GIV | . WAR OR DAIES! | 220-34 | 4-3260 | BRUNA AMB | BOGI | WIFE /SAI | ME AS 13 | 3 | |
| | CERTIFICATION | Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost (c) PART 2 OTHER SIGNIFICANT CONDITIONS C | | | R AS A CONSE | OUENCE OF | NOT RELATED TO THE | | 200 AUTOPSY? | TION GIVEN IN 20b IF YES, WEF IN CERTIFYING | RE FINDINGS | |
| | TIF | | | | | | | | YES NO | YES [| | 10 🗆 |
| 7 | | 210. ACCIDENT WAS UN OR CONTRIBUTING [| CAUSE OF DEA | TH HOUR A. | PFINJURY M. MONTH | DAY YEAR | 21c HOW INJURY | OCCURRE | D (ENTER NATURE OF INJURY | IN ITEM 18 PART I C | DR PART 21 | |
| 2 | MEDICAL | 21d INJURY OCCUR | HILE 🗍 | | OF INJURY REET FACTORY OFF | ICE FARM ETC) | 21f LOCATION STREET | | CITY OR TOW | N E | OUNTY | STATE |
| 2 | | 22a L certify that (I) | ed alive on | | - 8 | 11// | 0-8 . 19. nd that in (my) (aur) | apinion de | to 15-7 | e and hour and | tom the caus | (It (we) last |
| | | 77h SIGNASUSE | ul: | Thur | adea | will | PHYSI | | MEDICAL STAFF DIRECTOR PHYSICIA | | 10-9-8 | HED |
| 1 | | A DEER T | AME (TYPE O | THIBS | A DEA | 2 | 120 ADDIESS | elle | heal | 2085 | -2 | |
| 1 | 23a I | BURIAL, CREMATION, | REMOVAL | 23b DATE | | 230 NAME OF | CEMETERY OR CREMA | ATORY | 23d LOCATION | t Ou | NIY | STATE |
| | | BURIAL | | OCT.13 | ,1987 | GATE OF | HEAVEN | -00 | SILVER SPE | | | |
| 7/B4 | 24 F | UNERAL DIRECTOR] | FRANCI | S J. CC | LLINS, | JR. | | 250 OF 15 | 1 9 1 9 1 9 7 AR 2 | REGISTRAR'S | SIGNATURE | |
| | 50 | 00 UNIVERS | ITY BI | VD., W. | SILVER | SPRING | ,MD.20901 | | 9 | 80.000 | -v. fr | and |

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

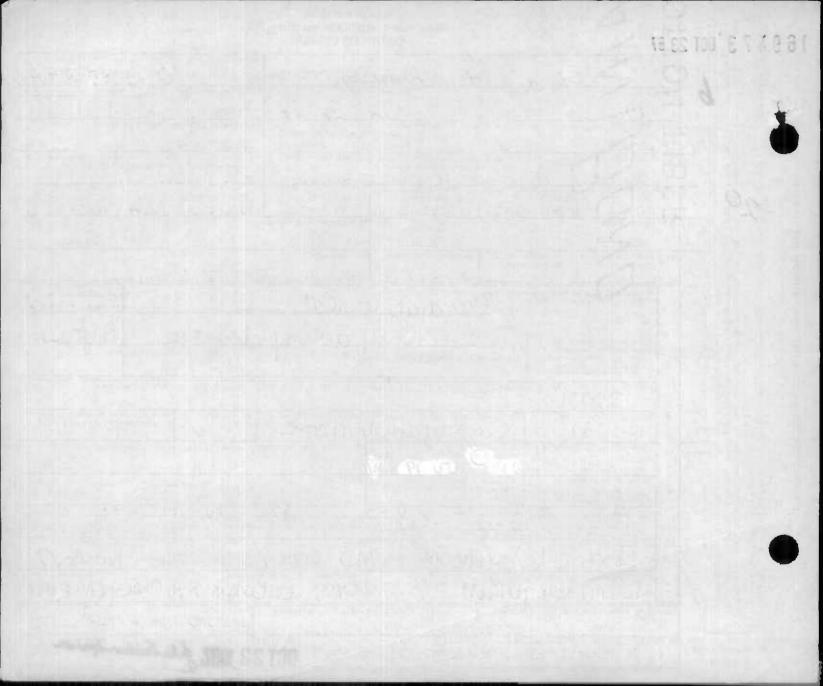
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| 7 | 3 8 | REGISTRAR | | | | CERTIF | ICATE OF DE | ATH | REG. N | 0 | | |
|---|---------------|--|--------------|---------------------|-----------------------|------------|--|----------------|---------------------------|--------------------|---------------|------------------|
| ٦ | I DEC | CEASED NAME | FIRS1 | | MIDDLE | | AST | | 20 DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR |
| | (TYPE | OR PRINT) | Edwi | N | H. A | Index | son | 1 | 1 | 10 19 | 87 | 2:50 Am |
| | 3 SEX | | 0001 | 4 RACE | | 5 DATE O | | | 6 AGE (IN YEARS LAST BIR | THDAY) (F | UNDER 1 11 AR | IF LINITER 24 HR |
| | | $m_{ m ALE}$ | | CAUCASI | AN | MONTH | | 14 | 72 | YRS | NIH : DATS | HOURS MIN |
| , | | RTHPLACE (STATE OR | FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 0 | D NEVER MA | | 9 BALTIMORE CITY C | R COUNTY O | FDEATH | |
| | | LINOIS | | USA | | WIDOWI | | ORCED | MONTGOME | RY | | MD |
| 1 | 10 CI | TY OR TOWN OF DEA | ATH | 11. NAME OF | HOSPITAL, NURSIN | | OR OTHER INSTIT | UTION | 120 USUAL OCCUPAT | ION | 126 KIND C | OF BUSINESS OR |
| | TA | KOMA PARK | | | NGTON AD | | ST HOSPI | TAL | D.C. TRANS | | INDUSTRI | |
| - | U5UA 13a S | AL RESIDENCE (IF NURS | 136 COUN | | GIVE RESIDENCE BEFOR | | 13d INSIDE CITY | Y LIMITS? | 13e STREET ADDRESS | / 7IP CODE | | |
| 3 | | RYLAND | | GOMERY | ROCKVIL | | Maria and and and and and and and and and an | 10 🗌 | 17700 RIDG | | 208. | 53 |
| 1 | 14 FA | THER'S NAME | | MIDDLE | LAST | | 15 MOTHER'S A | | ME MIDDLE | | IAS | CI. |
| A | | HARVEY | | MIDDLE | ANDERS | ON | | LEN | MODE | | | KNOWN |
| Ī | | AS DECEASED EVER | | MED FORCES? | 166 SOCIAL SECT | JRITY NO. | 17 INFORMAN | T | ADDRI | SS | | |
| | NO | | 111 123 010 | E WAN OR DATES! | 303-18- | 5557 | EARLE D | . ANDE | ERSON/WIFE/ | SAME AS | 13 | |
| | | 18 CAUSE OF DEAT | H Enter or | ly one cause pe | line for ial, (b) or | nd c | | 1 | | | BETWEEN | ONSET AND DEATH |
| | | PART DEATH W | | D BY | andic | 10 | ennes | T | | | ONE | hall |
| | | | | DUE TO, O | RAS A CONSEOU | ENCE, QF . | | | 0 | | 10. | |
| | | Conditions, if any | | (b)_ | 00101 | Vau | 1 and | MI | desale | Q | an | Dan |
| | | gave rise to immo | ng the | DUE TO, O | R AS A CONSEOU | ENCE OF | | | | | 0 | |
| | | underlying couse | last | ((c)_ | | | | | | | | |
| | 7 | PART 2 OTHER SIGN | VIFICANT | CONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED T | O THE TERM | INAL DISEASE OR CON | DITION GIVEN | IN PART I | a |
| | 101 | ZAH | 30) | | | | | | | Tarana | | |
|) | CERTIFICATION | 10- 0- 8 | TION | 196 COND | ITION FOR WHICH | PALL | 0 | MED | 20a AUTOPSY? | | | OF DEATH? |
| 8 | RTIE | 1 0 |) | 0.00 | 0. 0001 | New | 100 | IDV OSSUED | YES NO | YES | | NO [] |
| 1 | | 210. ACCIDENT WAS UN | | 21b. TIME C HOUP | MONTH D | AY YEAR | 721C HOW INJ | JRT OCCURR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PART | I ORPARI Z) | |
| | MEDICAL | (IF EITHER NOTIFY MEDI | | 21e PLACE | OF INTHIBY | 19 | ZIE LOCATION | J | | | | |
| | MEC | WHILE NOT WI | | | REET FACTORY OFFICE | FARM ETC) | STREET | | CITY OR TO | IWN | COUNTY | TATE |
| | | AT WORK AT WO | IRK | | | 10 - | C~ | 10 87 | . (1) | 19 10 | 87 | - A |
| | | 22a I certify that (I) saw the deceas | | 100 | le deceosed from | 6.3 | nd that in (my) (c | our) opinion o | death occurred on the d | ate and hour a | nd from the | that (we) last |
| | | obove. (1) (we) (1) 22b SIGNATURE | did1 (did no | view the body | after death | | DEGREE | | - | | 224 DATE | |
| | | Con | 101 |)((1) | hould | | M) AT | TENDING | MEDICAL STA | | 10- | 19-87 |
| 1 | | 224 PHYSICIAN'S N | AME LAYPE C | OR PRINT) | crock | | 22e ADDRESS | | DIRECTOR PHYSIC | | 110 | 110/ |
| | | 20000 | 1)1 | 10 | nt | | (454) | (1)191 | consin A | o Chai | ych | aso No |
| | 23n B | JURIAL, CREMATION, | REMOVAL | | | NAME OF (| EMETERY OR CR | | 123d LOCATION | | 1 | |
| | | SPECIFY) | | | | | | | BRENTWOOD | PRINC | E GEO | RGES MD |
| | 24 FL | BURLA INERAL DIRECTOR | | 1 OCT 2 | 2.1987 FT COLLINS, | JR. | COLN CEM | | E REC'D BY REGISTRAR | 256 REGISTRA | R'S SIGNA | TURE |
| | 50 | O UNIVERS | ITY B | LVD W SI | LVER | ING, | MD 20901 | | 22 1087 4 | his David | Jest - Mari | lo-de- |

IMPORTANT: If them 21 is marked at them

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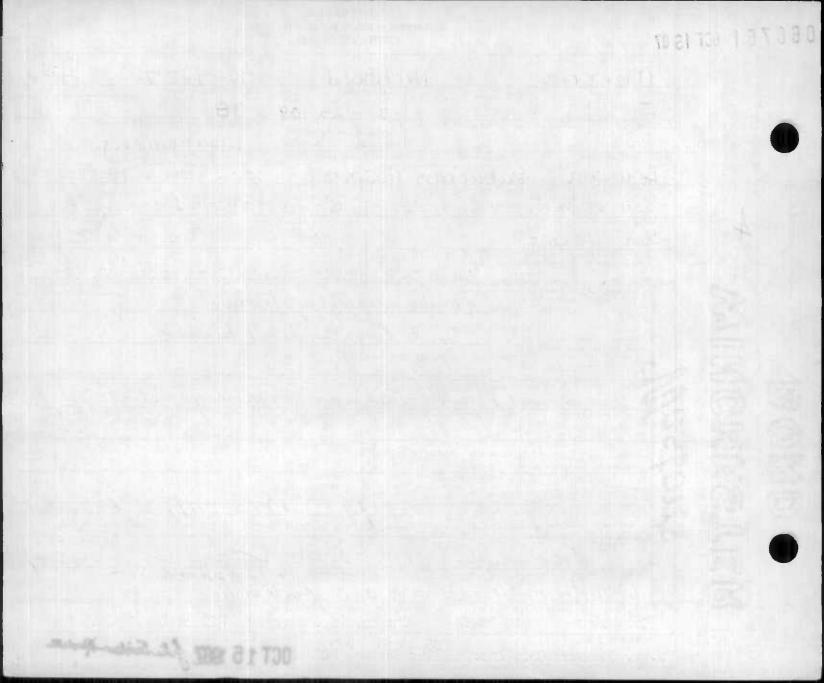


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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| 068 | 3761 OCT 16 | 17 | FOR STATE | | | DEP | ARTMENT OF H | EALTH AND MENTAL | L HYGJE | NE |) | 60 |
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| | a 6 4 | TTYPE | CEASED NAME | FIRST | | MIDDLE | 0 11 | 4 1 | 1 | IN DATE OF DEATH MONTH | TEAR | 26 HOUR |
| | may be page 3 er death | | 1 lar lor | | | | Hrchr | old | | 10-7-81 | | PM |
| | | 3 SE | × | 4 | RACE | | 5 DATE C | F BIRTH YEAR | | AGE (IN YEARS LAST BIRTHDAY) IF | UNDER I YEAR | IF UNDER 24 HRS |
| | ge 4 ectar rs aft | | Female | | Whit | e | 3 | - 25-0 | | 78 YRS | | |
| | Poge direct | | RTHPLACE (STATE OR FO | DREIGN 76 | CITIZEN OF | WHAT COUN | TRY? | NEVER MARRIED | 9 | BALTIMORE CITY OR COUNTY O | FDEATH | |
| | June 72 | | NJ | | US | SA | WIDOWE | | | montgomer | CLA | MD. |
| | | 10 C | ITY OR TOWN OF DEA | TH 1 | | | JRSING HOME C | R OTHER INSTITUTION | N I | 20 USUAL OCCUPATION | 126 KIND O | F BUSINESS OR |
| 201 | by the f | | Bethesda | | Subi | LY DOLL | n Hos | pital | | (TYPE OF WORK FOR MOST OF WORKING LIFE) NUTSE (LPN) | Heal | th Care |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' | ed in id be | 13a : | | Monto | Υ | 13c CITY OR ROCKY | town ille | 134 INSIDE CITY LIMIT | 15? | 3. SIREET ADDRESS 410 Gruenther Ave | 20, 20 | 0851 |
| XI. | A 2 / 100 1 | 14. F/ | ATHER'S NAME | | | | | 15 MOTHER'S MAIDE | NAME | | | |
| AAR | 1 4 5 / E | L | John FIRST G | lover | DOLE | LAST | | Kate | | Unknown | LAST | |
| m, | 2 S S S | | VAS DECEASED EVER I | | ED FORCES? | 166 SOCIAL | SECURITY NO. | 17 INFORMANT | | ADDRESS | | |
| IMOR | Pages medico | | YES, NO OR UNKNOWN) | (IF YES GIVE V | | 153 28 | 8408 | Gerald Arc | chbo. | ld, Sames as item | 1 13. (| (Son) |
| BALI | physician popers mayol went, the | | 18 CAUSE OF DEATH | Enter only | ane cause per | line for (o), (b | and ice | D | 1 | 0 | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| SI. | 20 0 9° 0 | | | IMMEDIATE | | Cara | lio res | pullen | TU | rure | | |
| N _O | or or or or or or or or or | | | | DUE TO, O | R AS A CONSI | EOUENCE OF | 2011 | | 1 1 | | |
| EST | e death ce attending move corb troumotic | | Conditions, if any, | | (b)_ | Uce | the Car | fletus /le | cell | 1 tarling | | |
| W PR | or the | | gave rise to imm cause ia, stating underlying cause | g the | DUE TO, O | R AS A CONS | EOUENCE OF | / | | | | |
| 201 | 0 0 0 | | DART 2 OTHER CICAL | UEIC ANT CO | (c) | ALTO IRLITANCE | TO DEATH BUT | NOT BELATED TO THE | ALALO DE | ALDISEASE OR CONDITION GIVEN | LINIDARTI | |
| DS. | signe hen p to bur ijury. | z | C. L. L. | Rin | . 1 | eline. | - Aced | A h man | n L | h. Ulan neter | 2.Tota | : 00120 |
| Ö | o i i | CERTIFICATION | 19a DATE OF OPERAT | 7 | | | HICH OPERATIO | WAS PERFORMED | 1 ' | 200 AUTOPS 2 206 IF YES, N | WERE FINDIN | IGS USED |
| RE | 2000 | FIC | | | | | | | | YES NOT YES | NG CAUSES | OF DEATH? |
| IA | She state of T | E | 21a ACCIDENT WAS UND | ERLYING [] | 21b. TIME O | FINJURY | | 121c HOW INJURY OF | CCURRE | D (ENTER NATURE OF INJURY IN ITEM 18 PAR | | NO [|
| > | PHYSICIAN Ti ending physici this certificate the buriol-transi and Mental Hygi d or Item 18 sh | | OR CONTRIBUTING C | AUSE OF DEATH | 110110 4 | | DAY YEAR | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| Z | PHYSICIA ending ph this certifi the buriolity and Mentol | MEDICAL | 116 INJURY OCCURR | | 21e PLACE | | 19 | 21f LOCATION | | | | |
| IVISIO | DING PHY or attendi | ME | WHILE NOT WHE | IE 🗍 | | PEET FACTORY OF | FICE FARM ETC) | STREET | | CITY OR TOWN | COUNTY | STATE |
| ۵ | ol or | | 22a 1 certify that (1) | (this hospital |) attended th | e defeased fr | am 9/ | 29/ 198 | +1 | to 10/7 19 | 87 | that (I) (we) last |
| | F = 2 0 5 2 | | sow the decease abave, (I) (we) (d | d plive on_ | view the hadv | O / 7 | 19 d . or | d that in (my) (aur) ap | pinian de | eath accurred on the date and hour o | and I am the | couses stated |
| | OR ATT e hospit DIRECTO sched fo Dept of them 21 | | 226 SIGNATURE | or (dia tion) | THE DOOY | offer debin | | DEGREE | | | IN DATE: | SIGNED |
| | | | / | Wer | mun | and the same of th | / | Y-D ATTENDI | ING FT | DIRECTOR PHYSICIAN | 10 | 18/87 |
| | AN Stod | 1 | 224 PHYSICIAN'S NA | ME (TYPE OR P | PRINT) | | | 22e ADDRESS | 491 | 2 ADRIAN ST | - | - |
| | TO HOSPITAL Cetained by the TO FUNERAL Dishould be detected with the State DIMPORTANT IF | | Willred | MINA | 3 6 | AMIN | 14 14.0) | Rec | lou | 1.110 MD 20 | 045. | 3 |
| | 0 = 0 + 3 X | 23a | BURIAL, CREMATION, F | | 23b. DATE | | | EMETERY OR CREMAT | | 23d LOCATION | | |
| | BP | | Cremation | | 10-09- | | | ers Cremato | ory | Riverdale, Po | Co., | Md STATE |
| | DHMH - 16 50M 1/81 | 24 F | UNERAL DIRECTOR | | | 8655 | Georgia | Ave. | a DATE | REC'D. BY REGISTRAR 756 REGISTRA | AR'S SIGNAT | URE |
| | (VRA 15, 4) | W | . W. Chambe | ers Co | ., Inc. | , Silv | er Spri | ng, MD' | CT | 1 5 1987 Julia Devi | 1000 | Ł |



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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| 4 8 | FOR STATE REGISTRAR | | | HEALTH AND MENTAL HYG | REG NO | |
|---------------|---|--|--|-------------------------------------|--|--|
| | PECEASED NAME FIRST | | IDDIE | (AST | 20 DATE OF DEATH MONTH DATE | - 2115 |
| 3 S | PEDRO | 4 RACE | | AREU E OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) IF | MINDER YEAR IF UNDER JAMES |
| | Male | Whit | re Moi | | 63 YRS | NTHE DAYS HOUR MIN |
| 7a | BIRTHPLACE MATE OR FOREIGN | 76 CITIZEN OF V | VHAT COUNTRY? 8 | RIED ENEVER MARRIED | 9 BALTIMORE CITY OR COUNTY O | FDEATH |
| | Cuba | USA | | WED DIVORCED | Montgomery | MD |
| 10 | CITY OR TOWN OF DEATH | | OSPITAL, NURSING HOMI | E OR OTHER INSTITUTION | 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE! | 176 KIND OF BUSINESS OR |
| TIS | S.S. UAL RESIDENCE LIE NURSING HOME O | Holy | | spital | Banker | Riggs Nat. |
| 130 | Md. Mc | | 13c CITY OR TOWN | YES NO [| 130 STREET ADDRESS / ZIP CODE 11495 Columbia | Pike 704 |
| 14.1 | FATHER'S NAME FIRST | MIDDLE | LASI | 15 MOTHER'S MAIDEN NA | WE | LAST |
| 14- | Eloy Was deceased ever in us ai | DAVED FORCESS | Areu 166 SOCIAL SECURITY NO | Auelina | DelC | ampo |
| 100 | | VE WAR OR DATES) | 578 58 080 | | eu(Wife) Same a | 13E |
| | 18 CAUSE OF DEATH Enter of PART I DEATH WAS CAUS | nly one cause per l ED BY TE CAUSE (a) | CARDIAC | ARREST | | BETWEEN ONSET AND DEATH |
| Z | | | | UT NOT RELATED TO THE TERM | N FARCTEON MINAL DISEASE OR CONDITION GIVEN | 2 hours |
| CERTIFICATION | 190 DATE OF OPERATION | | TION FOR WHICH OPERAT | ION WAS PERFORMED | IN CERTIFY! | WERE FINDINGS USED NG CAUSES OF DEATH? |
| | OR CONTRIBUTION CALLES OF DE | HOUR A.A | M. MONTH DAY YEA | R | YES NO YES RED (ENTER NATIFIE OF INJURY IN ITEM IR PAR | DR PART |
| MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE C | OF INJURY EET FACTORY OFFICE FARM ETC.) | 211 LOCATION | (ITY OR TOWN | COUNTY |
| | 220 I certify that (I) (Now hosp sow the deceased plive of above, (I) (we) (did) (ald | 10 1 | 10 19 8 | . 17 | death occurred on the date and hour a | that 1 (we last and from the couses stated |
| | Mars Kano | M | | | MEDICAL STAFF MEDICAL PHYSICIAN | 10/10/87 |
| | PHYSICIAN'S NAME (TYPE | KANOVS | KY | 5401 Wester | n Ave. N.W. Wash | rington, DC 20015 |
| 230 | BURIAL CREMATION, REMOVA | 236 DATE 10/13 | | FCEMETERY OR CREMATORY politan Crem | 23d LOCATION CITY OR TOWN 14 COTY Alexand | Cia.Va. |
| | FUNERAL DIRECTOR Hines/Rinaldi | 11800 | | 250 DA | TE REC D. BY REGISTRAR 256 REGISTRA | Dender Rudas |

DHMH - 16 60M 7 84 (VRA 15, 4)

BP.

MPORTANT If Hem 21 is marked or Henri 8 shows any injury, or other troumatic event, th

DHMH I II 60M 7/84 (VRA-15; 4)

STATE OF MARYLAND DEPA

| RTMENT OF | HEALTH | AND N | MENTAL | HYGIĘNE | 1 |
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| | FICATE | | | | - |

| | REGISTRAR | | | CEKIT | ICATE OF L | EATH | REC | S NO | | | |
|---------------|--|--------------------|--------------------|-------------|---------------|--------------|---------------------------------|-------------------------|----------|----------------------|----------------------------------|
| | CEASED NAME FIR | 1 | MIDDLE | L | AS. | | 20 DATE OF DEAT | H MONEN | DAY | YEAR | 26 HOUR |
| | ra | UL H | ENRY | | nold | | | OCT. | 1- | 1987 | 11:30 PM |
| 1.5E) | | 4 RACE | / | 5 DATE C | | YEAR | 6 AGE HIN YEARS LA | I BIRTHDAY! | ONC. | ER AN | HU DO MIN |
| 1 | MALE | WHO | 16 | JUL | 4 24 | 1900 | 8- | 7 YR | | | |
| | RTHPLACE INT URFOREIGN | 76 CITIZEN OF | WHAT COUNTRY | MARRIEI | D NEVER A | AARRIED - | 9 BALTIMORE CIT | - /- | - | - 1 | |
| | PENNA | 4. | - 14 | WIDOWE | | ORCED . | 10 11511111 | , , | Gom, | / | MD |
| 10 CI | TY OR TOWN OF DEATH | (IF NOT IN SUC | HOSPITAL, NURS | ET ADDRESS) | ROTHER INST | ITUTION | 120 USUAL OCCUI | PATION DST OF WORKIN | | 26 KIND O NDUSTRY | F BUSINESS OR |
| 14 | AL RESIDENCE LIE NURSING HOME O | Washin | | venti | st Ho | sp. | PRINTE | 2 | | PRIL | TING |
| 30 S | mb PR. | TEO. | TAKOMA | PALK | 13d INSIDE C | NO 🗌 | 13e STREET ADDRE | SS / ZIP CO | ODE ODE | beile | 20912 |
| N/TA | THERS NAME | MIDDIE | LAST | , | | MAIDEN NAM | MIDE | l E | | , AN | |
| 1 | MILES | | ARN | CLD | - | ANNIE | | | | | |
| | VAS DECEASED EVER IN U.S. AI | RMED FORCES? | 16b SOCIAL SEC | CURITY NO | 17 INFORMA | NT | | DDRESS | . 1 | | 2 |
| | Ni | | 2Zc 34 | 0/02 | KUSSE | 48. | ARNOLD 90 | 9 QUAI | WTAC | CRES U | De 55. M |
| | 18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS | nly ane cause per | line to, a, b | and c | 1. | | -0 | | | BETWEN O | MATE INTERVAL DISET AND DEATH |
| | | TE CAUSE (a) | Cerso | 1Din | /lean | t Pan | lune | | | do | 75 |
| П | | DUE TO, O | RAS A CONSEO | UENCE OF | 0 4 | do a | Ď, | | | V : | . 0 |
| | Canditians, if any, which gave rise to immediate | (b) | 10 | 1010 | lendie | HERN C | Nelsy | | | 1-1 | GIV) |
| ы | cause a stating the underlying cause last | DUE TO, OI | R AS A CONSEO | UENCE OF | | | | | | | |
| | | () | | | | | | | | | |
| Z O | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | ente / | DEATH BUT | NOT RELATED | TO THE TERM | INAL DISEASE OR C | ONDITION | GIVEN | N PART I | 1 |
| CERTIFICATION | 90 DATE OF OPERATION | 196 CONDI | TION FOR WHIC | H OPERATIO | N WAS PERFO | RMED | 200 AUTOPSY? | 20b IF | YES, WE | RE FINDIN | IGS USED |
| E | | | | | , | | YES NO | _ / | YES [| AUSES | OF DEATH? |
| # # | 210 ACCIDENT WAS UNDERLYING | 1 110110 4 | FINJURY M MONTH | DAV VEAR | 21c HOW IN | JURY OCCURR | RED ENTERNAT RE OF | NJ RY N 'EM | 8 RART | RPART. | |
| 1 E | OR CONTRIBUTING CAUSE OF DE | ~ | | DAT TEAR | | | | | | | |
| MEDICAL | 21d INJURY OCCURRED | 21e PLACE | OF INJURY | Capa Car | 211 LOCATIO | N | City | WIOWN | | MINITY | TATE |
| 5 | NO WHILE AT VIOLE 7 | TAT TOME | tti racioni offici | PARM E | | | | - C 5- | | 1 | |
| | 220 I certify that (I) Whis hasp | itali attended the | e deceased from | 0- | 1.0 | 19 | ta | 9 | 19_ | | that weilast |
| | saw the deceased alive of abave (1) (westedid) (did no | | ofter death. 19 | , ar | id that in my | ur apınıan d | death accurred on th | e date and | havi and | d from the | causes stated |
| | 226 SIGNATURE | 0 | | | DEGREE | | | | | 221 DATE | SIGNED |
| | | | 7 | | A | PHYSICIAN E | DIRECTOR PH | STAFF YSICIAN [| | 108 | 17/ |
| | 22d PHYSICIAM'S NAME | (36.996)+(5) | | | 22e ADDRES | | MICHAEL E. LEI | BOWITZ, M | l.D. | | |
| | N | NCHAEL E. L | EIBOWITZ, I | A.D. | | ** | 120 New Hampst Silver Spring | MD 2090 | te 305 | | |
| 230 B | SURIAL, CREMATION, REMOVAL | 236 DATE | 1234 | NAME OF C | EMETERY OR C | REMATORY | 23d LOCATION | N | 0 | UNIY | TATE / |
| | purial | Oct 4. | 1987 8 | redy/h | / sohrny | ton Cin | welling a | relyt | A | | ma |
| | INERAL DIRECTOR | | 254 ADDRE | rebll | Ston | N, OCT | E RECEIBY REGIST | RAR IN REC | TRAR | SSIGNATI | URE |
| T | akoma Funera | 1 Home- | Washir | aton. | D. C | 001 | 00 1987 | Sale and | Merido | n-gan | delle - |

MICHAEL E. LEBOMITZ, M.D.

ALL TRACES & CHAM CO. CO. SHAWCOOK ON SKILL CO. CO. SHAWCOOK ON SKILL CO. CO. SHAWCOOK ON SKILL

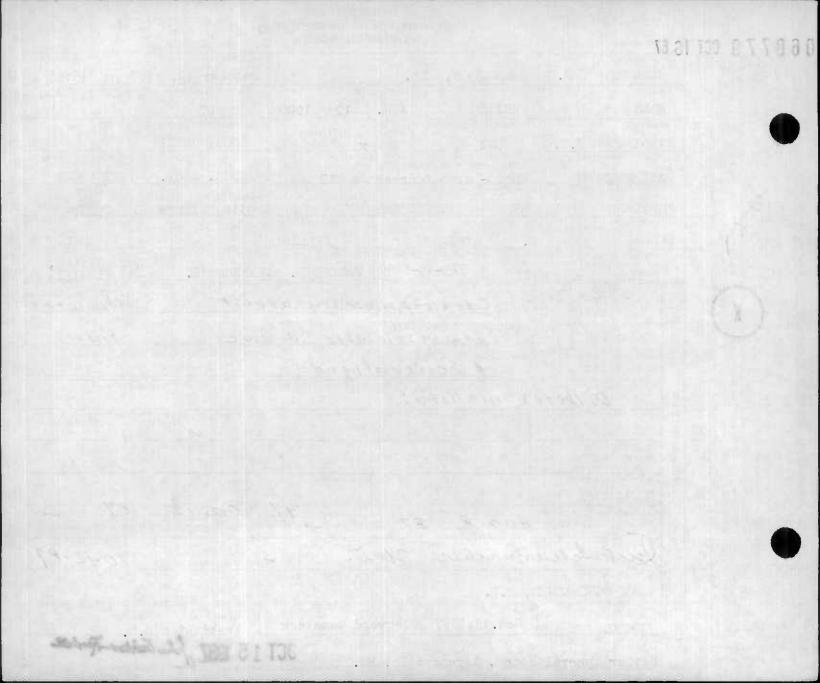
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | FOR STATE REGISTRAR | | | DEPARTA | | EALTH AND MENTAL HYGICATE OF DEATH | REG NO |) is w | |
|-----------------------|--|--|--|--|----------------------------------|--|--|---|-----|
| (TYPE | CEASED NAME | FIRST | | MIDIDLE | l | ASI | 2a DATE OF DEATH MONTH | DAY YEAR 26 HOUR | |
| LIVPE | HAROLD | В. | ATKI | NSON, SE | 2. | | October 12, 198 | 37 5:15 A | AM |
| 3. SE | X | | 4 RACE | | 5 DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY) | IF PROFER YEAR IF NITER THE | |
| 1 | MALE | | WHIT | Đ | AUG. | 13 1900 | 87 YRS | MONTH DAT BE JET M | Ν. |
| | RTHPLACE - TEO | R FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CITY OR COUNT | Y OF DEATH | |
| | ASHINGTON | D.C. | US. | A | WIDOWE | | MONTGOMERY | | MD |
| | ITY OR TOWN OF DI | | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LI | 126 KIND OF BUSINESS | _ |
| G. | AITHERSBU | RG | TT () 1 000 | - same ad | _ | as #13 | ADMIN. ASST. | RED CROSS | |
| | AL RESIDENCE (IF NO | 1136 COUN | JIHER INSTITUTION | | ADMI SION) | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CODE | | |
| M | ARYLAND | | GOMERY | GAITHER | | YES NO X | 9510 BRINK ROA | | |
| 14 FA | ATHER'S NAME | | AIDDLE | LA | | 15 MOTHER'S MAIDEN NA | ME | | |
| EI | LDRON | | W. | ATKINSON | | NELLIE | WIDUILE | LEIN | |
| | VAS DECEASED EVE | | | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDRESS | | |
| | YES | | WII | 579-44- | -5890 | HAROLD B. A | TKINSON, JR. CHAR. | LOTTESVILLE, VIRGINIA | |
| | 18 CAUSE OF DEA | TH Enter onl | | line for a 1b and | | | | RETWEEN ONSET AND DEAT | Н |
| | | | CAUSE a)_ | -ard10- | pull | nondry di | rvest | Minute | 2 |
| | Conditions, if an gave rise to in cause a stat underlying cause | nmediate ting the | (b) | R AS A CONSEQUE | Scle | lized. | diac | Years | |
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| IIFICATION | | dbet | es n | rellitu | 2 | NOT RELATED TO THE TERM | 20a AUTOPSY) 20b IF YE | S, WERE FINDINGS USED FYING CAUSES OF DEATH? | |
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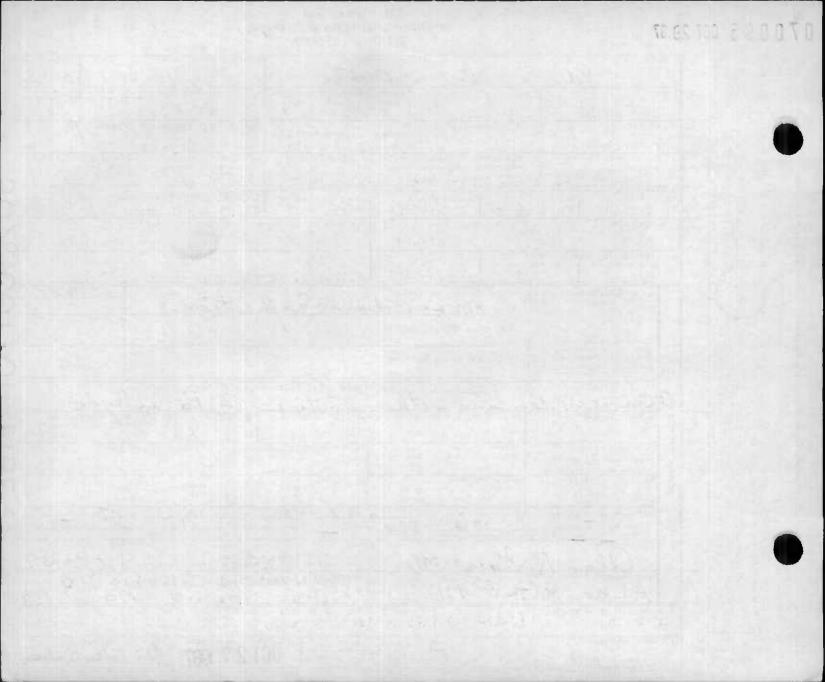
TO FUNERAL DIRECTOR, After this certificate should be detached for use as the burial-transmit with the State Dept. of Health and Mental Hygi-MPORTANT If Item 21 is marked or Item 18 sh



physican and completely filled in by the funeral director page 3 nappers. Pages 1 and 2 shauld be filed within 72 hours after death movel. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the attending should be detached for use as the burnal-transit permit. Then please remove corbinith the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or r

STATE OF MARYLAND

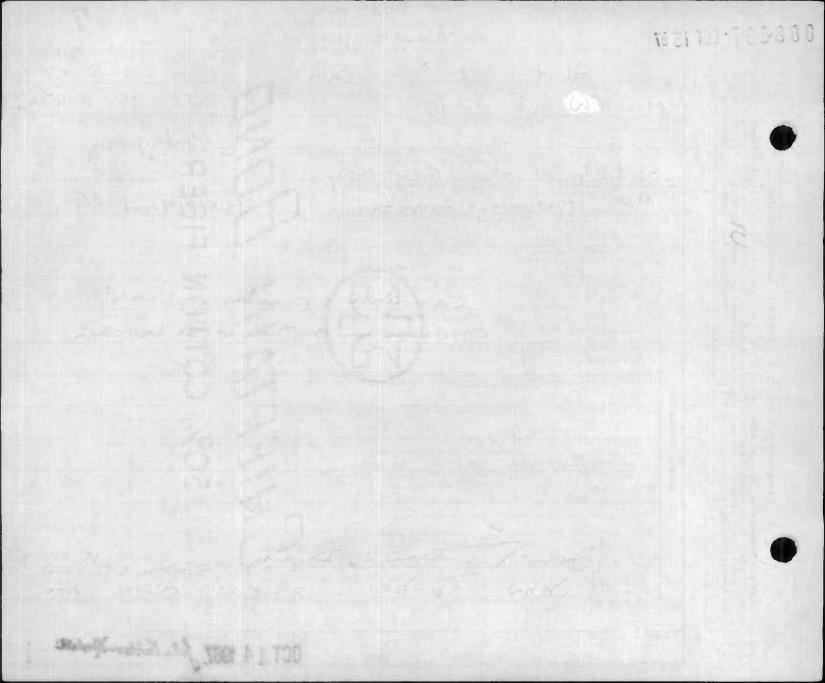
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| | + | | 3 SEX | | | 4 RACE | | 5 | DATEO | | 6 AGE | IN YEARS LAST BIRTHDA | Y) IF IJI | UDER I YEAR | F UNDER 24 HR |
| | Poge 4 director | 10 | | Female | | | nite | | 8 | 29 07 | | 80 | YRS MONE | HS DAYS | HOUR! MIN |
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| | dea dea | 0 | | ew York | | USA | | | VIDOWE | | | Montgo | | | MD |
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| 21201 | by t | 100 | | Silver Spr | | Co1 | onial | Villa | a Nu: | rsing Home | | sewife | | own h | ome |
| 021 | 4 hou | 155 | 13a S | AL RESIDENCE (IF NURS | 136 COU | ROTHER INSTITUTION | 130 CITY OF | | MISSION) | 13d INSIDE CITY LIMITS? | 13e STRE | ET ADDRESS / ZII | P CODE | | |
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| RYL | etely 12 s | ajine / | 14 FA | THER'S NAME | | MIDDLE | LAS | 51 | | 15 MOTHER'S MAIDEN NA | AME | MIDDLE | | LAST | |
| MARY | andle w | exôm | | Earl Earl | | V. | | lford | d | Anna | | May | | Kello | 22 |
| ORE, | xecu | dicol | | AS DECEASED EVER | | MED FORCES? | 166 SOCIAL | SECURIT | YNO | 17 INFORMANT | | ADDRESS | | | |
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| | | vs or | CERTIFICAT | 19a DATE OF OPERA | 9 | 19b C C 694 | OITS HOR W | /HICH OP | PERATION | N WAS PERFORMED | 20a A | JTOPSY IN | CERTIFYING | CAUSES O | 5 USED F DEATHP |
| TAL | The Cror | 0 4 | RTI | 210 ACCIDENT WAS UNE | SERVING F | 7 211 7545 | OF INJURY | | | In How have a second | YES | Arriva . | YES | | NO. |
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| 0 2 | ring i | or Hem | MEDICAL | (IF EITHER NOTIFY MEDIC | | | M | | 19 | | | | | | |
| DIVISION OF VITAL | PHY trend trend the b | sed or | MED | 214 INJURY OCCURE | | | OF INJURY | OFFICE FARM | EIC) | 211 LOCATION STREET | | CITY OR TOWN | | NUMER | TA3E |
| > 0 | After os t | a rrk | | AT WORK AT WO | KK | | | | | | | 10 | 70 | U 29 | |
| | 10 P | | | 220.1 certify that (I) saw the decease | | | he deceosed 1 | 10 8 7 | 1 // | d that in (my) (aux) apigion | , to | 10 fel | 19_ | , | at (we) last |
| | ATT OSPI ECT | 2 2 | | above, (1 (we) (c | did) (did no | of view the bod | y ofter death. | 17- | | d that in (my) (our) opinion | death occu | irred on the date o | ind hour onc | | |
| | OR he h | | | 27 SIGINATURE | - 7 | 2.01 | | 110 | L | ATTENDING PHYSICIAN | ~ MEDIC. | AL STAFF | | THE DATE SH | JAMED! |
| | ITAL by t | z | | 22d PHYSICIAN'S NA | AME ITYPE & | la | W/ | 11 | | | DIRECTO | OR PHYSICIAN | | 10/2 | 2/0/ |
| | HOSPIT Torned by D FUNER | MPORTAN | | 4/21 | D | Fally | ~ MI | > | | 22e ADDRESS 11 7E | 061 | d Colu | inbi. | a, 191 | |
| | eton. | N N N | | ALGEN | - 171 | | 111 | | | Silver | 50 | YING | , M | d 2 | 0904 |
| | BP | | | urial, CREMATION, Temation | REMOVAL | 10-27 | -1987 | Metr Metr | ME OF CE | METERY OR CREMATORY itan Cremato | | L'exandri | a | UNIY V: | irginia |
| | | | 24 FL | INERAL DIRECTOR | | | 110 | | | | | Y REGISTRAR 25b | | | |
| | DHMH 16 60 (VRA 15, | | Н | ines/Rinal | di Fr | uneral 1 | Home S | liver | Spr | Ave; 'Md. 250 DA | CT2 | 7 1987 | 1 . 0 1 | widon. | Rudaes |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 068697 OCT 15 8 GISTRAR REG NO (TYPE OR PRINT) OF ee DEATH MATED Kobur 4 RACE IF UNDER 1 YR DATE OF BIRTH AGE LIN YEARS IF UNDER 24 HRS DATE VEAD 6 AM PRONOUNCED 10 8 Male Cauc. 10 DEAD 68 To BIRTHPLACE INTALE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A. Knox Co., WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION AIND OF BUSINESS FOR MOST OF WORKING LIFE Welder, Retireda Heating CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRES YES [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Gregg Bain Jones Angeline 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO P. Bain(Wife) 19515 Frederick (IF YES, GIVE WAR OR DATES) 07-03-6896 Rd., Germantown, Yes WWII Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF sclerosis. Canditions, if any, which gave rise to immediate cause (a stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. BURIAL KED AS A BUR HEALTH AND AL, CREMATIC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ... CERTIFICATION E CHIEF A 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NER: THIS CERTIFICATE SH-ICATE, WRITING THE WOR. FORWARDED TO THE CH TOR: PAGE 3 SHOULD BELL THE STATE DEPARTMENT, C AND, 21201 PRIOR TO BUR 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 8 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 2 le PLACE OF INJURY 21 LOCATION STREET, FACTORY FARM, ETC.1 STREET CITY OR TOWN WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABALTMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinian Inquiry Natural causes Suicide Hamicide ___ death resulted fram Accident Undetermined manner ACTUAL EXAMINER'S NAME WSCONSIN TYPE OR PRINT 23g BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY October Burial Thornrose Cemetery Staunton, Augusta, 07 84 BP 25M Pumphrey Euneral Home/Bethesda DHMH - 17 Six Duridous (VR A15 ME (5)) Chase, Inc. 7557 Wisconsin Ave.

20814

Bethesda, Maryland



OCT

POSTANT, If Bern 21 is

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIBNE / CERTIFICATE OF DEATH

| 1 | FOR STATE REGISTRAR | | | | IEALTH AND MENTAL HYGI | REG N | | | |
|-----|--|----------------------|-----------------------------|----------|---------------------------|--|---------------------|----------------------|----------------------------|
| 1 | CEASED NAME FIRST | | MIDDLE | 7 | 20.000 | 20 DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR |
| | MA | | RUTH | /3 | HRER | October | | | 9:21 pm |
| 1 | Female | 4 RACE Caucas | sian | 5 DATE C | 5. 3, DAY 1895 YEAR | 6 AGE IN YEARS EAST BIR | THDAY) | YOER YEAR | F NDER J HA |
| 亦 | E BIRTHPLACE CHATECR FORECO | 76 CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CITY O | 1110 | DEATH | |
| 7 | Virginia | U.S.A | | WIDOWE | | Montgome | ry, | | MD. |
| 100 | Wheaton | | HOSPITAL, NURSIN | | DR OTHER INSTITUTION Home | 120 USUAL OCCUPATION EMAKE | | 26 KIND O NDUSTRY | None None |
| 3 | SUAL RESIDENCE IF NURSING HOME IN STATE | or other institution | ISC CITY OR TOW Frederi | N. | 13d INSIDE CITY LIMITS? | 13. STREET ADDRESS 228 East | ZIP CODE 7th St: | reet/ | 21701 |
| 1 | FATHERS NAME FIRST William F | ranklin | Sprin | g | 15 MOTHER'S MAIDEN NAM | Naomi | Co | ookse | У |
| 16 | 60 WAS DECEASED EVER IN U.S. | | 166 SOCIAL SECU 220-48-5 | RITY NO | Mr. Aubrey Le | | | tery | Lane #11 |
| | PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | | | | NOT RELATED TO THE TERMI | 200 AUTOPSY? | 20b. IF YES, WE | ERE FINDIN | NGS USED OF DEATH? |
| | 216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF HE EITHER NOTHER MEDICAL EXAM! 21d INJURY OCCURRED E NOT WHITE AT WORK | NER) P. | m. month da m. | 19 | 211 LOCATION | ED NEED NO THE | |) DR PAR UNIY | NO |
| | 220 I certify that it is had been in the december of the december of the state of t | LENK | other death | , M | DEGREE | leath occurred on the displaying the state of the state o | | th party | that we lost causes stated |
| | Burial | 10-7- | | | Cemetery | Leesburg | | | |
| 16 | R E DAILEY & SOI | PA P | 201 NomeMa | | 1061 | O 9 1987 | 756 REGISTRAR | Sucher | Malar. |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BAITIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the attending properties should be detacked for use as the burial-transit permit. Then please remaye carbon pitters with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 1 PHYSICIAN The 100 ATTENDING

FOR

STATE OF MARYLAND

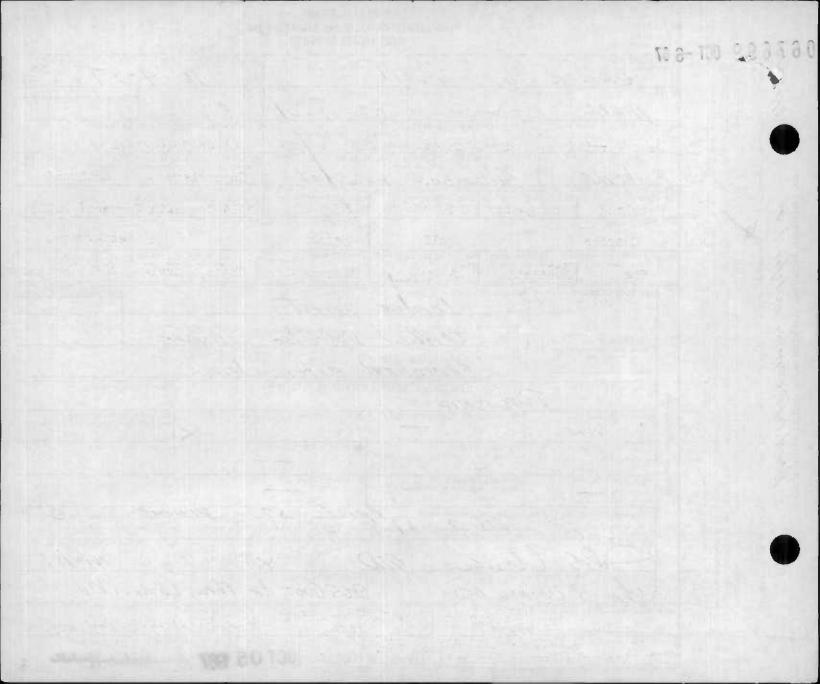
DEPARTMENT OF HEALTH AND MENTAL HYGENE

| | 1- | STATE REGISTRAR | | | DEI AN | | | | | | |
|----------|---------------|---------------------------------------|---------------|--|--------------------|----------------|----------------------|----------|---|------------|-----------------|
| -4 | | CEASED NAME | FIRST | , | AIDDLE | 1 | AST | | 20. DATE OF DEATH MONTH DAY | YEAR | 26 HOUR |
| | {TYPE | OR PRINTING | PR | 1/ | 13 | 411 | | | 10-4- | 87 | 955 AM |
| | 3 SE) | (| | 4 RACE | | | | | 6 AGE (IN YEARS LAST BIRTHDAY | | IF UNDER 24 HRS |
| | | MAIL | | Cauca | sian | MONIF | overy . | - / | 86 YRS | DATS | HOURS MIN |
| 10 | | RTHPLACE ISTATE OR FO | REIGN | 76 CITIZEN OF | WHAT COUNTR | Y? 8 | | | | DEATH | |
| | | est Virgini | 1 1 | United | States | | | | Mantagna | 21/ | MD |
| 2 | | TY OR TOWN OF DEAT | | | | | | | | | DE BUSINESS OR |
| | 6 | 1/6-0-11 | | RACE Caucasian Discription with a country of death and country of the country of death and country of death and country of the country of death and country o | | | | | | | |
| | LISTIA | AL RESIDENCE (JENDRSIN | G HOME OF | OTHER INSTITUTION | CIVE PESIDENCE ALE | OPE ADMISSIONI | OSPITAL | | Supervisor | Rall | Lroad |
| 5 | 13a S | aryland | 3h COU | VTY | 13c CITY OR TO |)WN | 136 INSIDE CITY LIM | | 130 STREET ADDRESS / ZIP CODE 3314 Coquelin Tei | race | 20815 |
| Z | 14 FA | THER'S NAME | | | 1457 | | 15 MOTHER'S MAID | ENNAM | | | |
| 9 | | Charles | | WIDDLE | Ball | | Sarah | | Bu | itter | vorth |
| | | AS DECEASED EVER IN | U.S. AR | MED FORCES? | | CURITY NO. | 17 INFORMANT M. | 2 257 | Too Anderson 3314 | Cogue | olin |
| | (1 | Yes | Noton Avai | 1able | | ah1a | Terrace | Chev | y Chase, Maryland | 2081 | Daughter |
| | | | | | | | | | | | |
| | | PART I DEATH WA | S CAUSE | D BY | line far la jo | / . | 7 44857 | 1- | | BETWEEN | ONSET AND DEATH |
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| | | | | DUE TO, O | AS A CONSEC | DUENCE OF | 11-11 | /_ | | | |
| | | Canditians, if any, gave rise to imme | | (b) | (6 No | 6/4/ | N35CC/3 | 77 | DECINEAR | | |
| | | cause (a), stating | the | DUE TO, OI | AS A CONSEC | UENCE OF | 1 1 | | 1- | | |
| | | underlying couse | last | (c) | Depros | 3/1ZA | BITE | 1165 | c/eros/s | | |
| | _ | PART 2 OTHER SIGNI | FICANT | CONDITIONS CO | NTRIBUTING T | O DEATH BUT | NOT RELATED TO TH | ETERMI | NAL DISEASE OR CONDITION GIVEN | IN PART 10 | 0 |
| | ě | | _/ | metin | 1212 | | | | | | |
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| \times | TIF | Non | E | | | | | | |] | NO [] |
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| 7 | AL | OR CONTRIBUTING CA | | | | | | | | | |
| | MEDIC | 21d INJURY OCCURRE | | | | 17 | 21f LOCATION | | | | |
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| | | AT WORK | bl. bass | A-11 - AA A - A - A | | - | 2-1/10 | C-7 | Derei | | |
| | | | | 1/0/ | | 191 | d that in the liquid | 200 | to 19 | - 1 L | thot (we) last |
| | | abave (I) (we) (i) | Didid no | t view the bady | after death | (| | pinion d | edin occurred on the date and hauf an | | |
| | | 276 SIGNATURE | | 11 | | 17-1 | _ | INIC | AAEDICAL STAFE | 22c DATE | SIGNED |
| | | 56 | | ann | VCnor | MK | | IAN 🔀 | DIRECTOR PHYSICIAN | 101 | 4/87 |
| | | 22d PHYSICIAN'S NAM | AE (TYPE C | PRINT) | | | | | 1 01 (1 | in | 1 |
| / | | John B. | Un | nhau 1 | D | | 5805 (0m | 2. 1. | De, there, those | PHO | - |
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MPORTANT. If Item 21 is marked or Item 18 shaws any injury, ar other traumatic



FOR 1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CEDTICICATE OF DEATH

| REGISTRAR | | | | CERTI | ICHIL | I DEMIII | | | REG. I | NO | | | |
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| 1 DECEASED NAME | FIRST | | MIDDLE | | LAST | | 20 | DATE OF | | | DAY | YEAR | 26 HOUR |
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| Female | | Caucas | ian | June | | 1904 | | 83 | | YE | MONH | DAYS | HOUR MIN |
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MPORTANT

FUNERAL DIRECTO

DHMH 16 60M 7/B4 (VRA 15, 4)

James R. Moore, Jr., M.D. 230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial DATE October 29, 1987

Arlington National Cemetery

22e ADDRESS

207 Brookes Avenue Gaithersburg, Maryland

23d LOCATION CITY OF TOWN

MDATTENDING MEDICAL STAFF
PHYSICIAN MDIRECTOR PHYSICIAN

Virginia

THE FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home/
Rockville, Inc. Pockville, MD.20850

300 W. Montgomery Ave.

Arlington 250 DATE REC D BY REGISTRAR 256 REGISTRAR S SIGNATURE

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The its often death

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| BUTIAI 10/6/87 FT. LINCOIN COMMENT BIENTWOOD V.G. Md. | | | | 231 NAME OF C | | | | # | |
| 24 FUNERAL DIRECTOR 250 UA PARC UP BY REGISTRAR 250 MEGISTRAR S SIGNA LIBE | | | 10/6/87 | Ft. L | incoin remeter | V. RIPOTT | 1001 | PA | Md. |
| NAME ADDRESS A | 24 FL | UNERAL DIRECTOR | | | 250 DA | PRECID BY PEGISIRA | 1 | AR'S SIGNATI | IPE |
| NAME W. W. Chambers Co. In 20085 Riverdale Md. 9 1987 Julian Deviden forbale | | NAME W. W. Cra | mbers comport | ESS Riverd | ale Ma | 09 1987 | Juna D | curdson-1 | andell |

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and ci should be detached for use as the burial-transit permit. Then please remove carbonoopers. Pagess, with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

(VRA 15, 4)

0 6 8 3 2 5 007 13 67 Name of the contract of Paryland the col Theready I & Lack forces the parkets Burgal 10/6/87 Fitzabirecolateriory Brancol 124 Mel.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR ECEASED NAME O DATE KNOWN DIRECTOR FOUR FILES.

N 72 HOURS Emily DEATH MATED XX Johnson 141987 Bates 6 AGE IN YEARS IF UNDER 24 HRS 2d HOUR 12:30 PRONOUNCED 15 1087 White Remale In BIRTHPLACE CHATEOR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED XX DIVORCED Montgomery County ID CITY OF TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY Own Home FOR MOST OF WORKING LIFE! Homemaker Chevy Chase 3700 Underwood Street 130 STATE 3700 Underwood Street/20815 Chevy Chase Montgomery 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Abanus S. Selma Anderson Johnson 444 PORFACArthur Blvd., NW 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7 INFORMANT LYES NO OR LINKNOWN LIE YES GIVE WAR OR DATES Earle S. Bates. Washington, D.C. 20007 18 CAUSE OF DEATH (Enter only one cause per line for (a), b), and (c) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 PORTEX EXECUTE THE CERTIFICATE, WRITING THE WORD." PENDING." IN PENCIL IN ITEM TO PROBE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TARNSIT PEXAMINAFER DEATH WITH THE STATE DEPRATMENT OF HEALTH AND MENTAL HYGIENE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acteriosclerotic cardiovascular disease DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o Gastro intestinal hemorrhage 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 2 In EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF BUILDRY (A) HOME DIMPLEMENTAL FARMAGE IN CITY OF TOWN WHILE AT WORK 77s Tourtify that I took charge of the remains described above, hald an Natural causes DATE 10/16/87 Dennis F. Smyth, M.D. EXAMINER'S NAME 111 Penn St. Balto, MD. TYPE OR PRINT 230 BURIAL CREMATION, REMOVAL 236 DATE (SPECIFY) Burial 10/ 23¢ NAME OF CEMETERY OR CREMATORY 10/19/87 Parklawn Memorial Park Rockville. MD 07 84 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Wisconsin Ave, NW, Washington, D.C. 20016 (VR A15 ME (51)

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deline C. Anderson

and the state of t

THE STATE OF THE LOCATE CHES, THE THE STATE OF THE STATE

DIVISION OF WITH RECORDS, 201 W PRESTON ST. BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | REGISTRAR | | | | CERTIF | CATE OF DEATH | REG. NO | | | |
|------------|---------------------------------------|---------------------|---------------------------|-----------------------|------------|--------------------------------|---|------------------|------------------|--------------|
| TST | CEASED NAME | FIRST | M | DOLE | L | SI | 26 DATE OF DEATH | MONTH D | AT YEAR | 26 HOUR |
| NAME: | OR PRINT) | Edward | W | Ba | uman, | Sr. | | 10 /6 | 5 97 | 62 |
| 1.58) | 1 | 4.6 | RÁCE | | 5 DATE O | | 6 AGE (IN YEARS LAST BIR | HDAY) | IF UNDER YEAR | IF UNDER 2 |
| | MAL | E | CA | 20 - | MONTH | | 88 | YRS | ONTH DATS | . MCUR |
| 7a 81 | RTHPLACE PRIME | OR FOREIGN 76 | CITIZEN OF V | VHAT COUNTRY? | 8 | | 9 BALTIMORE CITY O | | OF DEATH | |
| C | Ohfo | | TT C | ۸ | WIDOWE | DER MARRIED | | 2737 | | |
| 10 CI | TY OR TOWN OF I | DEATH 11. | | | G HOME O | R OTHER INSTITUTION | 12a USUAL OCCUPATI | ON | | OF BUSINES |
| ~ | | | | FACILITY, GIVE STREET | | | (TYPE OF WORK FOR MOST O | | | 7 ^ |
| | Iver Spr | | | Lorain A | | | Civil Eng | neer | Ne U.S. | lag A |
| | TATE | Montgo | | Silver S | /N 1 | 13d INSIDE CITY LIMITS? YES NO | 13. STREET ADDRESS / | zip code | re./209 | 01 |
| 14 FA | THER'S NAME | MIDI | DIE | LAST | | 15 MOTHER'S MAIDEN N | AME | | 14 | S.T. |
| | Christia | | •• | Bauman | | Anna | | | Zurch | er |
| | VAS DECEASED EV | | | 166 SOCIAL SECU | JRITY NO. | 17 INFORMANT | ADDRE | ss 521 | 4 Wena | witen |
| (Y | ES, NO OR UNKNOWN) | (IF YES GIVE W | AR OR DATES) | 295-07-2 | 738 | Dr. Edward 1 | V. Bauman, J. | r. Bet | hesda, | MD |
| - | (a) a | ATH (Enter anly a | | | | | | | APPROX | ONSET AND D |
| 1287 | | IGNIFICANT COM | NDITIONS CO | INTRIBUTING TO | DE MH HUT | NOT RELATED TO THE TER | MINAL DISEASE OR CON | DITION GIVE | EN IN PART 1 | a |
| NO. | | / | 1911 | KATTO | VIV. | 1 LEOM | 3/1/15 | | | |
| CERTIFICAT | 190 DATE OF OPE | RATION | IN ECNIDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | | , WERE FIND! | |
| TE | | | | | | | YES NO | YES | | NO [|
| 3,000 | 21a ACCIDENT WAS OR CONTRIBUTING [| CAUSE OF DEATH | 21b. TIME OF HOUR A.M | MONTH D | AY YEAR | 21¢ HOW INJURY OCCU | RRED (ENTER NATURE OF INJU | RY IN ITEM 18 PA | ART OR PART 21 | |
| MEDICAL | 21d INJURY OCC | | 21e PLACE C | OF INJURY | | 211 LOCATION | , ITY OR TO | wN | COUNTY | NI NI |
| 2 | AMII NO | WHILE WORK | (AI HOME SIKI | ET PACIONY OFFICE | FARM EIC I | | | | | |
| | 22a. I certify that | (I) (this haspital) | attended the | deceased fram_ | - C3 K | At 1 19 8 | 1 . to OU | 16 | 19 87 | that (I (w |
| | saw the dece | eased alive an | U C | 19 | 0. | d that in (my) (aur) apiniai | n death accurred an the de | ate and havi | and from the | causes sta |
| | ODOVE, INTWO | Transfillation V | lew me budy t | Left death. | 0 | DEGREE | | | Th. DATE | SWHED |
| | 27% SIGNATURE | | | 11. 6 811 | Same | MATTENDING | MERICAL STAI | III. | 1000 | 1. 1 |
| | 276 SIGNATURE | Well | 17-1 | LAMERA | 215 | PHYSICIAN . | NAME OF TAXABLE PHYSIC | TAN | VEST. | 16/6 |
| | 274 PHYSICIANS | WHY/ | 17-3 | 446 | rag_ | 114 ADDRESS | EI-SIRECTOR PHYSIC | IAN [] | 10/1 | 6/9 |
| | at | WH! | 61 | MICH DI (VA | NAA. | | ENTERECTOR OF PHYSIC | IAN | Chin | Che. |
| 73u ii | 224 PHYSICIANS | ent H | 6n | OLCHAN | UHD. | 11. ABDRESS | Jeny. M. | AN L | Aine | 6/5 |
| | 224 PHYSICIANS A-CO | ent H | GIL. | 220 | | EMETERY OR CREMATOR | 13 CONTROL ON CONTROL | IAN | Chine | 6/5 |
| | 114 PHYSICIANS ACO | ENT / | 6/L 234 DATE 10/19/ | '87 I | t. Id | EMETERY OF CHEMATOR | 13 CONTROL ON CONTROL | ood, 1 | (D | 6/5/ 109/ |

DHMH 16 60M 7 E (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certifical chould be detailed for use as the human decreating the feet the Entire Dept of Health und Mental Physiology and Medical Physiology (Medical Physiology).

18 85 100 8 8 7 8 87 AND THE PROPERTY OF THE PARTY O et est etalicare l'accordant dicito DARKEN HERMAN this to be the state of the sta

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| OCT 2 | - STATE | | | DEI AN | | ICATE OF DEAT | | REG. N | 0 | | |
|------------|--|------------------|----------------|---|------------------|--------------------|----------------|------------------------------|------------|---------------------------|----------------|
| | AFCE ASED NAME | FIRST | Ann | A | RA | AST TES | 2 | DATE OF DEATH | MONTH / | DAY YEAR | 26 HOUR |
| 2 | | 1001 | 110 | 2200 | S. DATE C | NE BIDTH | | AGE IN YEARS LAST BIR | THOAY | IF UNDER TYEAR | IF UNDER 7.1 H |
| 3 | SEX | 1 R | ACE | |). DATE C | | E AR | AGE TINTERRISTAST BIR | INDAT) | MONTH! DAY! | HOURS M |
| 1 | nale | U | Ohite | , | 6 | 10 3 | 32 | 25 | YRS | | |
| 70 | BIRTHPLACE STATE ON I | OREIGN 76 C | ITIZEN OF V | WHAT COUNTRY | ? 8 | D ENEVER MARR | IED 9 | BALTIMORE CITY | R COUNTY | OF DEATH | |
| 5 N | Maryland | | USA | | WIDOWE | | | Montgo | men | 2 Cour | ntv |
| 0 10 | CITY OR TOWN OF DEA | ATH 11. | | | ING HOME C | OR OTHER/INSTITUTI | | 120 USUAL OCCUPAT | | | OF BUSINESS |
| EXIS | ilver Sprin | 1 | LIENOT IN SUCI | FACILITY, GIVE STREE | 11 | Hal | | Sales Engi | | | tronica |
| e | SUAL RESIDENCE (IF NURS | ING HOME OR OTHE | RINSTITUTION | GIVE RESIDENCE BEFO | | Fal | | Dares high | HICCI | TILCC | OI OILLE |
| 展 2 13 | 3a STATE | 136 COUNTY | | 13c CITY OR TO | WN | 134 INSIDE CITY LI | | 3e STREET ADDRESS | | | |
| | Maryland | Montgo | mery | bilver S | pring | YES NO | _ | 1332 Chilt | on Dr | ive 20 | 0904 |
| ě 14 | FATHER'S NAME | MIDDI | l E | LAST | | 15 MOTHER'S MAI | DEN NAMI | E MIDDLE | | LA | 151 |
| TO X | George | Norm | | Baxte | r | Bernet | te | | | Join | ner |
| S W 16 | WAS DECEASED EVER | | | 166 SOCIAL SEC | URITY NO. | 17 INFORMANT | | 1 2 2 O OL | ESS | | |
| ped | YES NO OR UNKNOWN) | Korean | | 221-20- | 1,830 | Joan S. | Boyto | 1332 Ch | | | 20904 |
| e / = | 18 CAUSE OF DEAT | | | | | ovan D. | Dance | T DITAGE | SOCIA | | XIMATE INTERVA |
| lury. or o | PART 2 OTHER SIGN | (| DITIONS CC | INTRIBUTING TO | DEATH BUT | NOT RELATED TO T | HE TERMIN | NAL DISEASE OR CON | DITION GIV | VEN IN PART I | 0 |
| ni kuo swi | 190 DATE OF OPERA | TION | 196 CONDI | TION FOR WHIC | H OPERATIO | IN WAS PERFORMED |) | 200 AUTOPSY? | IN CERTI | S, WERE FIND. FYING CAUSE | |
| Sho | 210 ACCIDENT WAS UNI | DERLYING | 71h TIME O | FINJURY | | 21c HOW INJURY | OCCURRE | D LENTER NATURE OF INJU | | | 1.0 |
| - | OR COMPRESSION THAC | CAUSE OF DEATH | HOUR A./ | M MONTH | | | | | | | |
| # / Fe | THE EITHER NOTIFY MEDI 21d INJURY OCCUR | | 71e PLACE (| | 19 | 211 LOCATION | | | | | |
| of p | AMILE NOT WE | | | EET FACTORY OFFICE | E FARM ETC | STREET | | CITY OR TO | NWN | COUNTY | STAT |
| orke | AT WORK NOT WE | Rk | | | | | 7. | 1 10 | 100 | 50 | 2 |
| e s | 22a I certify that (1) | (this hospital) | ottended the | defeased from | | 19 | 1 | 1 10 (0) | 120 | 19.0 | that (I Jwa |
| 21 | sow the draw obove, (I) | nd tales on | ew the body | other death | 0- | nd that in (my) | apiñan de | eath occurred on the A | ond hou | ond from the | e couses state |
| tem | THE SIGNATURE | | | 1 20 | | DEGREE | | / | | 22c DA | ESIGNED |
| = | Tan | wien | 00 | 1/ | lara | | IDING ICIAN | MEDICAL STA | | 10/1 | 12/8 |
| Z | 274 PHYSICIAN S.N. | AME (THE OWNER | N X | 1 | MI | 22 ADDRESS | CITAL CO | | A . 4 | 2 5/4 1 | KIN-1 |
| MPORTAN | KAWR | ENCE | T De | MAN | CUP | 10313 | 5 61 | EONG IN | AV | . 0 | 1.44 |
| ¥ / | | | | (- , . / C | 200 | | - | Y IV | | 1 7 | UNI |
| | A DURING CO. | | | | 212412 2 | circum == == | | Tableocations | | | 1.0 |
| 23 | 30 BURIAL, CREMATION, | | 36 DATE | | | EMETERY OR CREM | | 23d LOCATION CITY OF TOWN | | COUNTY | 209 |
| | Cremation | | | +,1987 M | etropo | litan Cre | mator | Alexandr | | | |
| | (SPECIFY) | | | 16000 A | etropo nnapol | | mator | CITY OF LOWN | | | |

DHMH = 16 60M 7/8 (VRA 15, 4)

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1355 TO 168 880 Willer Amy A. BAR TELL BILL BURGET LINE HER FALL STEEL STEEL STEEL STREET STREET STREET STREET STREET Server Souther Derrors negge languages sengga grand i kang languages (1900) i manadi THE REAL PROPERTY OF THE PARTY CATAN DE LA CATANA DEL CATANA DE LA CATANA DEL CATANA DE LA CATANA DEL CATANA DE LA CATANA DE LA CATANA DE LA CATANA DE LA CATANA DEL CATANA DEL CATANA DE LA CATANA DE LA CATANA DE LA CATANA DE LA CATANA DEL CATAN and the contract of the could be experienced and the contract of the could be expected. ENDERGRADE THE REPORT OF THE PARTY AND A STATE OF THE PARTY AND A STATE

STATE OF MARYLAND) 6 8 6 7 5 OCT 15187 TATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. DECEASED NAME O DATE KNOWN X TYPE OR PRINT OF E FUNERAL DIRECTOR
E 5 FOR YOUR FILES
ED, WITHIN 72 HOURS
IN PRESTON STREET MARGUERITE Bogue BAYNE DEATH MATED IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY 12:35 PRONOUNCED 1987 White Female 1909 10 78 AM 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Washington D.C. United States WIDOWED X DIVORCED Montgomery County ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Sales Shoes Olney Montgomery General Hospital ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 15721 Allnutt Lane Maryland Montgomery Burtonsville 20866 15 MOTHER'S MAIDEN NAME MIDDLE Albert Franklin Bogue NMN Laura Jarvis 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 333 Seth Place No 578-01-0167 Lornelle Blankenship Rockville, Md. 20850 O AS A BURIAL TRANSIT PERMIT. P.
FEALTH AND MENTAL HYGIENE, DIV. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (0) Hypertensive arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? RE. THIS CERTIFICATE SHOUNT OF WORD SHAWARDED TO THE KHE RE ARGES SHOULD BE USE IN THE BENEAUTH OF THE PROPERTY OF THE PROPERT YESX NO L 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR AM. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21F LOCATION STREET, FACTORY, FARM FTC 1 CITY OR TOWN WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFIER DEATH, WITH THE STINGORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Notural couses X Suicide Homicide ___ ACTUAL 10-10-87 Assistant SIGNATURE EXAMINER'S NAME Mario F. Golle, Jr., M.D. ADDRESS ... 111 Penn St., Balto., MD 21201 230 BURIAL, CREMATION, REMOVAL 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation 10/12/87 Metropolitan Crematory Alexandria Va. 07 84 ²⁴ FUNERAL DIRECTOR Tyson Wheeler Funeral Home Inc. 1331 Rockville Pike Rockville, Md. 20852 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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| 10 | • | | FOR | 0,211,b,c,c | 1,e,f,22a G6 | STATE O | F MARTLAND | TYGIENE 2 9 | 3 | 6 |
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| 000 | | | REGISTRAR | | MED | DICAL EXAMINER'S | CERTIFICATE | OF DEATH REG N | NO | |
| 692 | 265 OCT | DE TV | SEASED NAMI | Glenn | 5 | Steven | Bean | 20 DATE KNOWN OF ESTI- DEATH MATED | | y year 25 HOUR 5 19 87 M |
| | PA PLE DOMECTIC DOMEC | 3 SE | ale | White | June Dale | | UNDER 1 YR IF UNDER | R 24 HRS 26 DATE PRONOUNCED DEAD | 10 15 | YEAR 2d HOUR 5 19 87 P M |
| • | MERCAN MARKA | | marylace Marylan | | 76 CITIZEN OF WH USA | MA MA | rated RRIED NEVER MARR OWED DIVORC | | or county of nery Cour | |
| 201 | A CARREST | | Takoma | Park | 7348 Ca | PITAL, NURSING HOME, OR C CILITY GIVE STREET ADDRESS) ALTO 1 AVENUE | OTHER INSTITUTION | 120 USUAL OCCUPATION (TO FOR MOST OF WORKING LIFE RC | ofer Al | KIND OF BUSINESS |
| (B)(1 | A PHOTO | | aryland | | | Silver Sprin | S 134 INSTITE CITY LIMITS? | 13508 Valley Br | | |
| RE. MD. | SA S | 14 F/ | ATHER'S NAME FINTOTA | | Frederick | Bean | 15 MOTHER'S MAID Helen | en name Sylvi | ia 1 | Robey |
| ALTIMO | ATTR DAY HAD | 16a V | NAS DECEASE | D EVER IN U.S. ARA | WED FORCES? | 165 SOCIAL SECURITY NO. 163-44-0082 | 17 INFORMANT Horace F. | Bean-Father- | | s 13e) |
| RECORDS, 201 W. PRESTON ST., | FLECUTED WITHIN 24 HOUR DING IN BENCH IN ITEM 18 DICAL EXPONER ALONG W A GRAN TRANSIT PERMIT IN A WASHINGTON, OF REMOVAL | z | Canditiai gave ris cause (a) lying cau | ATH WAS CAUSED IMMEDIAT as, if any, which se to immediate stating the under- ise last. | (c) | for (a), (b), and (c ot tox at AS A CONSEQUENCE OF MIT NOT RELATED TO THE TERMINAL DIS | | ART I a | BF. | appröximate interval etween onset and death |
| | ACUID B RD "PEN HIEF ME USED NS OF HEAT | CERTIFICATION | 19a. DATE OF | OPERATION | 196 CONDIT | ION FOR WHICH OPERATION | WAS PERFORMED? | | 20 | AUTOPSY? |
| DIVISION OF VITAL | FICATE SI THE WO THE COULD BE CRITMENT | | UNDERLYING | CAUSE WAS | | INJURY MONTH DAY YEAR | HOW INJURY OCCURRE | ED LENTER NATURE OF INJURY IN ITEM I | 8 PART - OR PART 2) | TES & NO L |
| DIVISIO | HIS CERTIFIC WRITING TI (ARDED TO AGE 3 SHOI ATE DEPARI 1201 PRIOR | MEDICAL | 21d INJURY C | NOT WHILE DAT WORK | STREET, FACTO | | LOCATION STREET Unknown | CITY OR TOWN | COUNTY | STATE |
| • | TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 | | death results ACTUAL SEGNATURE | Melel | of the remain, desc of course of some s F. Smyth | Dough Fil | 111 | Undetermined manner Undetermined manner MEDICAL EXAMINER | 310140 | 10/16/87 |
| | EXEC EXEC PAGI AFTE BALT | 23a B | | | | 87 Union Ceme | AOORESS | Perint Sc. | | |
| 07 84 25M | DHMH 17 (VR A15 ME (511 | 24 F | UNERAL DIREC | TOR | ral HARRES | 11800 N.H. Av | פיי הירים | REO D BY REGISTRAR 235 REC | | |

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 1 h | CT 12 | 47 | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. NO | 0 | | |
|-------------------------|----------------------|---------------|-------------------------------------|------------------------|--------------------------------|-------------------|--------------------------------|---------------------------|---------------------|-----------------------|----------------------------------|
| | 0113 | | ECEASED NAME | FIRST | MIDDLE | Ĭ. | AST | | MONTH DAY | YEAR | 26 HOUR |
| e 6 | £ | (14 | PE OR PRINT | hleen | .2. | Berl | K | 10-4-5 | 87 | | 1545m |
| you | Ö | 3 5 | EX | 4 RACE | | 5 DATE C | OF BIRTH | 6 AGE (IN YEARS LAST BIR | | INDER I YEAR | IF UNDER 24 HR! |
| ge 4 r | 5 0 1 | | Female | Cat | ıcasian | Apri | 1 05, 1909 | 78 | YRS | THI DAT | HOURS MIN |
| Po l | 10 P | 7a | BIRTHPLACE (STATE OR F | OREIGN 76 CITIZE | N OF WHAT COUP | VTRY? 8 | D NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF | DEATH | |
| the his | | 7 | /irginia | Unit | ted State | 1 | | Montgome | ry Coun | ty, | MD. |
| ١٠٠٠ | p p | | CITY OR TOWN OF DEA | | NE OF HOSPITAL, N | | OR OTHER INSTITUTION | 120 USUAL OCCUPATI | ION | | F BUSINESS OR |
| by th | 25 | | Rockville | S | hady Geo | we Adir | intist Hosp | Security S | | | Gov't. |
| hou hou | kt o | 13a | JAL RESIDENCE (# NURSI STATE | 136 COUNTY | 13c CITY OF | R TOWN | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | | | |
| n 24 | and and | | Maryland | Montgomer | ry Gaith | ersburg | YES XX NO | 18728 Nath | ans Pla | ce/20 | 879 |
| within | 2 2 st | TIL. | ATHER'S NAME | WIDDIE | LA: | ST | 15 MOTHER'S MAIDEN NA/ | ME | | LAST | |
| be du | (X | | William | Т. | | cliffe | Blanche | | | tanle | У |
| d co | dicol | 160 | WAS DECEASED EVER | IN U.S. ARMED FOR | | L SECURITY NO | 17 INFORMANT (daug | hter) ADDRE | ESS | | |
| 90 6 | med | | No | was | | 2 0241 | Kathleen L. | Beck Sa | ame as # | | |
| ote b | the the | | 18 CAUSE OF DEATH | Enter only one cou | use per line for ial. | b, ond c | A 4 | | | APPROXIA BETWEEN O | MATE INTERVAL DISET AND DEATH |
| tifuc phy | emov event | | PART I DEATH W | IMMEDIATE CAUSE | 10) Card | ine 1 | trest | | | 14- | t., |
| h cer | or re or re | | | | TO, OR AS A CON | SEQUENCE OF | . 1 | - 11 0 1 | 4 | | ÷ |
| deot | on. | | Conditions, if ony, | | (b) Wit | able | Myrcard | al year | elun | mer | ules |
| he o | emot emot | | gove rise to imm | | TO, OR AS A CON | SEQUENCE OF | U) | () | | | |
| hot | ose of | | underlying couse | lost | (1) | 52452.462.57 | | | | | |
| ned ned | y, or | | PART 2 OTHER SIGN | HEICANT CONDITIC | NS CONTRIBUTIN | G TO DEATH, BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | IDITION GIVEN | IN PART 1 a | |
| equi | to k | O N | this | intense | ide . | Ceret | orascular | asen | | | |
| bee . | prio | CERTIFICATION | 190 DATE OF OPERAT | 10N 19b | CONDITION FOR V | VHICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20h IF YES, W | | |
| on hos | e be | (E | | | | | | YES NO NO | YES [| | NO [|
| y sici | Hyg 8 sh | W W | 210 ACCIDENT WAS UND | - 110 | TIME OF INJURY UR A.M. MONT | H DAY YEAR | 21c HOW INJURY OCCUR | RED LENTER NATURE OF INJU | IRI IN ITEM 18 PART | OR PART, | |
| ICIAN 9 ph ertifi | ntol may | Ĭ. | OR CONTRIBUTING C | AUSE OF DEATH | P.M. | 19 | | | | | |
| HYSI Iding | A Me | MEDICAL | 214 INJURY OCCURR | ED 21e F | LACE OF INJURY | | 211 LOCATION | ITY OR TO | OWN | COUNTY | TATE |
| O b | s the onc rked | Σ | WHILE NOT WH | ILE C | OME STREET FACTORY | OFFICE PARM ETC 1 | 1 | | | | |
| A A | a mo | | 220 L certify that (I) | (this hospital) atten | ded the deceased | | 7/31 1974 | 10 | 4 19. | ×71 | that it has last |
| TTEN | 2] is | | sow the decease | d alive on | 15 | 19 87 . 01 | nd that in (my) (aut i apinion | death occurred on the d | ate and hour ar | nd I om the o | couses stated |
| R A hos | ten ten | | 776 SIGNATURE | | body oner deam | | DEGREE | | | 220 DATE | SIGNED |
| the old | te D | | 18 | 2)/2 | where | | ATTENDING PHYSICIAN A | MEDICAL STA | | (0/ | 5787 |
| by by | Sto Sto | | 224 PRYSICIAN'S NA | ALTERNATION SECTION TO | į . | | 22e ADDRESS | . / | Λ (| | 1 |
| torned O FUN | with the S | | Step | hen | rewma | n. | 19261 No | nt. VIII. + | Ive, E | Saith | ersburg |
| 5 to 5. | 5 3 ₹ | 230 | BURIAL CREMATION, | REMOVAL 23b DA | ATE | 230 NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | OHISTS | 11416 |
| BP | | | Buria1 | Oct | . 10,1987 | Parklaw | n Memorial Pa | rkRockville | /Montgo | mery/ | Maryland |
| DHMH 16 | 60M 7 84 | 24 R | FUNERAL DIRECTOR R CKWIMLLE, INC | obert A. | Pumphrey | Funeral | Home/ 250 DAT | E REC'D BY REGISTRAR | 256 REGISTRA | R'S SIGNATI | URE |
| (VRA | | 30 | 00 West Mont | gomery Av | enue Roc | kville. | Maryland UC | 1091987 | in their | dis-Ma | Joseph : |

Choop re

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGJENE ?

| | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG NO | | | |
|-------------|--|--|--|--|--|--|--|-------------------|---|
| | TO DOINT! | | 2 | Be | e U | 20 DATE OF DEATH | 0 15 | 87 | 6.25 M |
| 7a BIF | ALE RIHPLACE ATE OF FOREIGN OUNTRY) | | | 8 MARRIEI | DAY 22 | 9 BALTIMORE CITY O | YRS R COUNTY | ONTH DATE | IF UNDER . 1 HO HOURS MIN |
| SI | LVER SPRING | HOLY | CROSS HO | SPITA | | | | INDUSTRY | CRAIG, IN |
| 13a S MA | RYLAND PR G | NTY | | | 13d INSIDE CITY LIMITS? YES NO | 6416 PARK | | DRIVE | 20707 |
| | WILLIAM | J. | | | ETHEL | MIDDLE M. | | HAZ | |
| 16a W | VAS DECEASED EVER IN U.S. AI | | | | | | | | |
| NO | Conditions, if ony, which gove rise to immediate cause to stating the underlying cause lost | DUE TO, O DUE TO, O DUE TO, O CONDITIONS CC | R AS A CONSEQUE | NCE OF | | | | N IN PART 1 | 0 |
| TIFICATIO | 190 DATE OF OPERATION | | | | N WAS PERFORMED | 20a AUTOPSY? YES NO | IN CERTIFY | ING CAUSES | |
| MEDICAL CER | OR CONTRIBUTING CAUSE OF DE (HE ETTHER NOTHEY MEDICAL EXAMINE 21d IN JURY OCCURRED) WHILE NOTHEY MEDICAL EXAMINE AT WORK AT WAS A WALL OF A WORK AT WORK AT WORK AT WORK AT WORK AT WALL OF A WAL | ATH HOUR A. R) P. 21e PLACE (AT HOME STE | M. MONTH DAM. OF INJURY REEL FACTORY OFFICE FACTOR | 19 ARM ETC) E 7. or | 216 LOCATION SIREET Applied that in (my) (our) opinion of the distribution opinion op | to // or to death accurred on the do | ote and hour | and from the | SIGNED |
| | To BIII ON OIL 130 S S I S I S I S I S I S I S I S I S I | TO BIRTHPLACE ATE ON FOREIGN 3 SEX ALE 70 BIRTHPLACE ATE ON FOREIGN COUNTRY: WASHINGTON, DC 10 CITY OR TOWN OF DEATH SILVER SPRING USUAL RESIDENCE IF MUSING HOME O 130 STATE WILLIAM 160 WAS DECEASED EVER IN U.S. AF (14 FATHER'S NAME WILLIAM 18 CAUSE OF DEATH Enter O PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse to stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONTRIBUTING CAUSE OF DE (IF EITHER NOTHER MEDICAL EXAMINE 270 LOCAL TOWN OF DEATH AWORK 270 LOCAL TOWN OF DEATH AWORK 271 CERTIFY THAT (I) (this hosp sow the deceased olive or above, I) (we) (did Idid in 272 SIGNIFICANT) 272 LOCAL TOWN OF DEATH 19 DATE OF OPERATION 272 LOCAL TOWN OF DEATH 19 DATE OF OPERATION 272 LOCAL TOWN OF DEATH 273 LOCAL TOWN OF DEATH 274 LOCAL TOWN 275 SIGNIFICANT 276 PHYSICIAN'S NAME (1) (this hosp above, I) (we) (did Idid in 276 SIGNIFICANT 277 PHYSICIAN'S NAME (1) (this hosp above, II) (we) (did Idid in 278 SIGNIFICANT 279 PHYSICIAN'S NAME (1) (THE | REGISTRAR 1 DECEASED NAME 3 SEX ALE CAUCAS 70 BIRTHPLACE ATE SERVICEON 76 CITIZEN OF COUNTRY) WASHINGTON, DC USA 10 CITY OR TOWN OF DEATH 11. NAME OF INFOIT INSULT UTION 130 STATE MARYLAND PR GEORGES M FATHERS NAME WILLTAM 18 CAUSE OF DEATH IE THE ONLY ONE COUNTY WASHINGTON, DC USA 10. CITY OR TOWN OF DEATH 11. NAME OF INFOIT INSULT UTION 130 STATE MARYLAND PR GEORGES M FATHERS NAME WILLTAM 18 CAUSE OF DEATH IE THE ONLY ONE COUNTY WILLTAM 18 CAUSE OF DEATH IE THE ONLY ONE COUNTY PART L. DEATH WAS CAUSED BY IMMEDIATE CAUSE IN J. S. ARMED FORCES? (18 STATE WAS IN DEATH IE THE ONLY ONE COUNTY PART L. DEATH WAS CAUSED BY IMMEDIATE CAUSE IN J. S. ARMED FORCES? IN THE ONLY ONE COUNTRY PART 2 OTHER SIGNIFICANT CONDITIONS COUNTRY PART 2 OTHER SIGNIFICANT C | REGISTRAR 1 DECEASED NAME 1 TO EXPENSE 1 3 SEX ALE CAUCASIAN 70 BIRITHPLACE ALLE STORESON TO COUNTRY? WASHINGTON, DC 10 CITY OR TOWN OF DEATH SILVER SPRING 11 NAME OF HOSPITAL, NURSING IN ME OF HOSPITAL, NURSING IN MESTALE BEFORE 130 STATE 130 STATE 131 COUNTY 131 COUNTY 131 COUNTY 131 COUNTY 131 COUNTY 132 CITY OR TOWN 133 COUNTY 134 COUNTY 145 COUNTY 156 COUNTY 157 COUNTY 157 COUNTY 158 CAUSE OF DEATH Enter only one couse per line for 10 1b one 150 WAS DECEASED EVER IN U. S. ARMED FORCES? 150 WAS DECEASED EVER IN U. S. ARMED FORCES? 150 WAS DECEASED EVER IN U. S. ARMED FORCES? 150 WAS DECEASED EVER IN U. S. ARMED FORCES? 150 WAS DECEASED EVER IN U. S. ARMED FORCES? 150 WAS DECEASED EVER IN U. S. ARMED FORCES? 150 WAS DECEASED EVER IN U. S. ARMED FORCES? 150 WAS DECEASED EVER IN U. S. ARMED FORCES? 150 WAS DECEASED EVER IN U. S. ARMED FORCES? 150 WAS DECEASED EVER IN U. S. ARMED FORCES? 150 WAS DECEASED EVER IN U. S. ARMED FORCES? 150 WAS DECEASED EVER IN U. S. ARMED FORCES? 150 WAS DECEASED EVER IN U. S. ARMED FORCES? 150 WAS DECEASED EVER IN U. S. ARMED FORCES? 150 WAS DECEASED EVER IN U. S. ARMED FORCES? 150 SOCIAL SECULATION 150 COUNTRIBUTION OF TO THE ORDER 150 WAS DECEASED EVER IN U. S. ARMED FORCES? 150 SOCIAL SECULATION 150 COUNTRIBUTION OF TO THE ORDER 150 WAS DECEASED EVER IN U. S. ARMED FORCES? 150 TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE ORDER 150 COUNTRIBUTION OF THE ORD | TO DECEASED NAME 3. SEX ALE CAUCASIAN ARRIED MARRIED WIDOME IS CITIZEN OF WHAT COUNTRY? MASHINGTON, DC USA USA WIDOME SILVER SPRING CSUAL RESIDENCE IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION IN SUCH FACILITY GIVE STREET ADMISSION IN SUCH FACILITY GIVE STREET ADMISSION IN SUCH FACILITY GIVE STREET FACTORY OF STREET FACTORY OFFICE, FARM ETC.) AND THE COUNTY MARYLAND PR GEORGES ILSI BELL ILSI DUE TO, OR AS CONSEQUENCE OF INDURY OR CONTRIBUTING COUSE INTO ITS CONTRIBUTING TO DEATH BUT INTO COUNTRIBUTING COUSE INSTITUTION OF CONTRIBUTING TO DEATH BUT INTO COUNTRIBUTING COUSE INSTITUTION OF CONTRIBUTING TO DEATH BUT INTO COUNTRIBUTING COUSE INSTITUTION OF CONTRIBUTING TO DEATH BUT INTO COUNTRIBUTING COUSE INSTITUTION OF CONTRIBUTING TO DEATH BUT INTO COUNTRIBUTING COUSE INSTITUTION OF CONTRIBUTING TO DEATH BUT INTO COUNTRIBUTING COUSE INSTITUTION OF CONTRIBUTING TO DEATH BUT INTO COUNTRIBUTING COUSE INSTITUTION OF CONTRIBUTING TO DEATH BUT INTO COUNTRIBUTING COUSE INSTITUTION OF COUNTRIBUTING TO DEATH BUT INTO COUNTRIBUTING COUSE INSTITUTION OF COUNTRIBUTING TO DEATH BUT INTO COUNTRIBUTING COUSE INSTITUTION OF COUNTRIBUTING TO DEATH BUT INTO COUNTRIBUTING COURSE OF DEATH INTO COUNTRIBUTING COUSE INSTITUTION COUNTRIBUTING TO DEATH BUT INTO COUNTRIBUTING COUSE INSTITUTION COUNTRIBUTING TO DEATH BUT INTO COUNTRIBUTING COUSE INTO COUNTRIBUTING TO DEATH BUT INTO COUNTRIBUTING COUNTRIBUTING TO DEATH BUT INTO COUNTRIBUTION COUNTRIBUTIO | DECEASED NAME 3 PROPERTY OF BRITH ALE CAUCASIAN ANARRIED WARRIED WARRIED WARRIED MARRIED MARRIE | REGISTRAR REG. N. R | REGISTRAR RACE | REGISTRAR REGISTRAR Total Total |

BP.

TO FUNERAL DIRECTOR

IMPORTANT If Item 2

(SPECIFY)

FOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 236 DATE BURIAL OCT17,1987

FRANCIS J. COLLINS, JR.

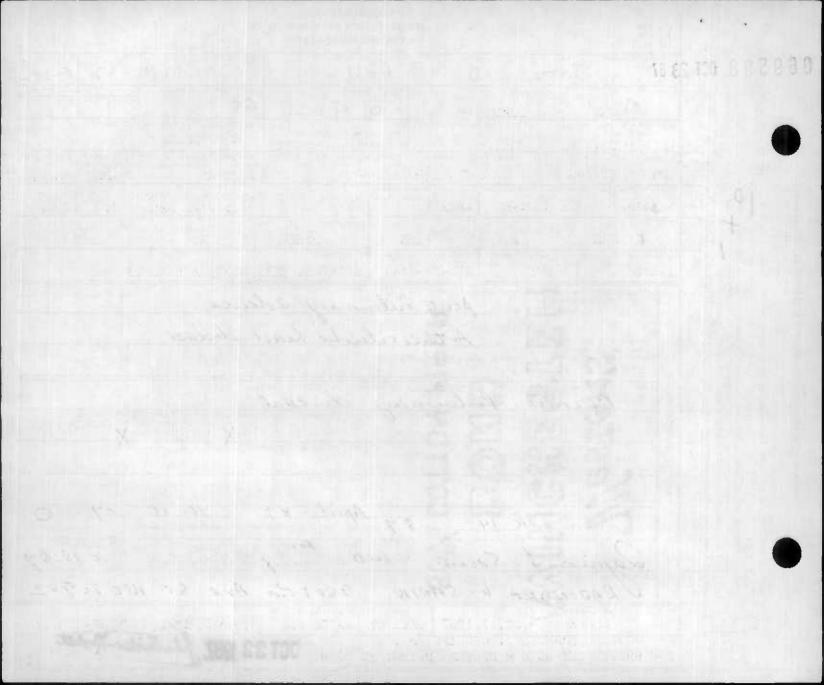
23c NAME OF CEMETERY OR CREMATORY

GATE OF HEAVEN CEM

23d LOCATION
SILVER SPRING MONTGOMERY MD

BLVD W SILVER SPRING, MD 20901

25 DATERES D. BY REGISTRAR'S SIGNAL CO.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENG CERTIFICATE OF DEATH

| | 1- | FOR STATE | | | DEPART | | EALTH AND MENTAL | HYGIENE | g and | 7 | 3 | |
|--|---------------|--|----------------|--------------------|---|----------------|-----------------------------------|---------------|------------------------------|-----------------------|--------------------------------|----------------------|
| 068555 OCT | 48 | REGISTRAR | | | | CERTIF | ICATE OF DEATH | | REG. NO |) | | |
| 1 71 | | OR PRINTI | ANIX | | MIDDLE | Bei | VVENUT | | OF DEATH | 16 - 1 | 1 - 87 | 8:56 M |
| 1 2 1 | 3 SEX | emale | 4.6 | RACE (MILL) | asian | 5 DATE C | | 6 AGE | IN YEARS LAST BIR | (HDAY) | FUNDER YEAR | IF UNDER 24 HRS |
| 21 1190 | 7a BI | RTHPLACE I LATE OF FOR | EIGN 76 | | WHAT COUNTRY? | MARRIEI | NEVER MARRIED | 1 00 | AORE CITY O | | | 1 |
| | 10 CI | Poland TY OR TOWN OF DEATH SOLL SOL | + 11. | | USA HOSPITAL, NURSIN H FACIUM GIVE STREET | | DIVORCED PROTHER INSTITUTION | 12a USUA | OCCUPATION OF LOCK FOR MOSTO | ON | 175 KIND OI | BUSINESS OR Whill |
| t hauss of the file | USU/ 130 S | AL RESIDENCE (IF NUTSING | | ER INSTITUTIO | JIVE RESIDENCE BEFOR | | 13d INSIDE CITY LIMIT | | T ADDRESS / | | | 1901 |
| RYLANG | | aryland N THER'S NAME Michael | Montgo | | Silver | Sprin | 15 MOTHER'S MAIDEN | | 3 Glen | allen | Ave., | 7706 |
| RE, MA | | VAS DECEASED EVER IN | US ARMEI | D FORCES? | Graczyk | | Helen 17 INFORMANUTTI | | W | ierbu | | ook Lane |
| BALTIMORE one be exec- spicion and a sperior base op- op- of- the medica | - | | (IF YES GIVE Y | | 577-48-0 | | Natalie Kr | istofov | ich : | Bēth. | outh Bre | 0814 |
| ST., | | 18 CAUSE OF DEATH PART I DEATH WAS IN | S CAUSED B | | rult'si | ylen | fallure | | | | 3 00 | |
| PRESTON re-deuth c recording or military or representation | | Conditions, if ony, v | | DUE TO, O | STAR | ence of | | | | | 6 w | rebs |
| 3 5/ma2 9 1 | | cause ial stating underlying cause | the < | DUE TO, O | R AS A CONSEOU | dabo | Ionunal (| zortic a | lucer | 1511 | 7 W | eeles |
| RDS, 201 | NO | PART 2 OTHER SIGNIE | ICANT CON | nditions <u>co</u> | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE | TERMINAL DISE | ase or con | DITION GIV | EN IN PART 1 a | |
| ne le le lo co bon bos be permit le le le con primer le le con primer le | CERTIFICATION | 8/18/8 | | Rust | Λ - | CHERATIO | N WAS PERFORMED | 200 AU | JTOPSY? | IN CERTII | S, WERE FINDIN FYING CAUSES | |
| DF VITA DPhysiciruticate al-tronsitiol Hygi | | 27s accident was therew OR CONTRROTTED CAN LIKETHER NOTES MODELA | USE OF DEATH | HOUR A | FINJURY M MONTH D | AV YEAR | 71L HOW INJURY OC | CURRED TUMB | MATURE CONTROL | Name of Street of the | rem - Denetic | |
| DIVISION OF VITAI NG PHYSICIAN Th offending physicia (ffer this certificate as as the buriol-transit th and Mental Hygie th and Mental Baba orked or Item 18 sha | MEDICAL | THE INJURY OCCURRED | D | 71e PLACE | 171 | | TH LOCATION | 5 10 | THE OWN | NOTE: | COUNTY | 0.01 |
| DINCENDING oloro OR Afre ruse as Health | | 22x.1 certify that that | his bespitul) | | | 2/18 | 19_ id that in (my) (aur) tipi | 57_ to_ | 10/11 | also much him | 10 <u>87</u> | hat (I (we) last |
| OR ATT | | saw the deceased object 11 (we) (did 77h SIGN TURE | Filded not v | / D | attei death. | | DEGREE | | | THE SHOEL HAVE | 22¢ DATE S | |
| SPITAL By the NERAL NERAL TANT: H | | 22d PHYSICIAN'S NAM | - | 8001 | gues | | PHYSICIA | N DIRECTO | OR 🔲 PHYSIC | DANG | [10/11 | 187 |
| TO HOSPITA reformed by TO FUNERA should be de with the Stot | 73n F | LOUIS F | | PF, N | 73, | NAME OF C | _ | ETHESDA | | | _ | |
| ВР | | **Burial | | 10-1 | 3-1987 | St.M. | ary's Ceme | tery | Alex. | | TRAR'S SIGNATI | STATE |
| DHMH 16 60M 7/84 (VRA 15, 4) | ff1'i | lesyrinaidi | Funer | al Hon | silver | N.H. Spring | Ave., U | UT 13° | 1987 | Julia | Deviden. R | ndres |

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DHMH 16 60M 7/84 (VRA 15, 4)

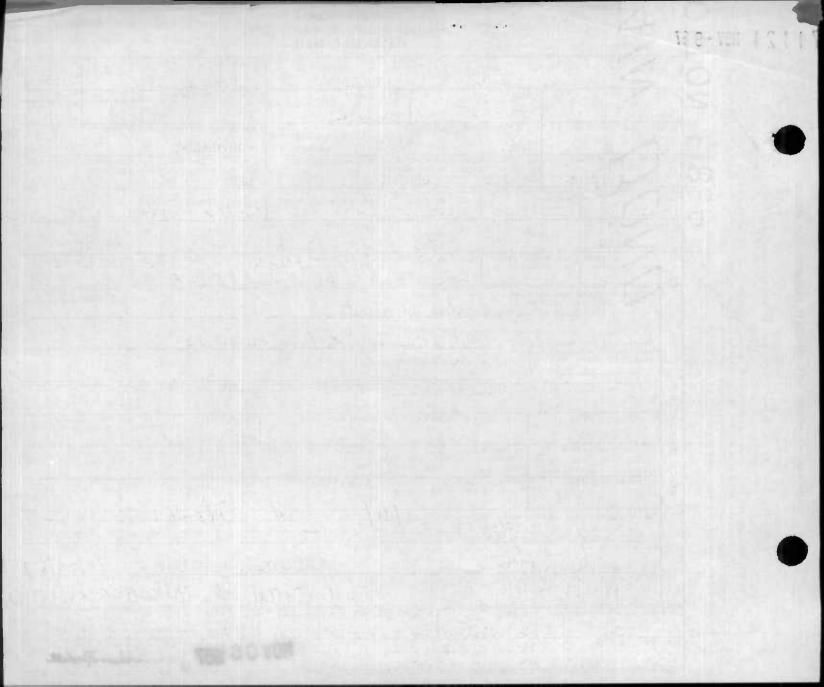
FOR STATE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGJENE F

| 1 DE | ECEASED NAME FIRST | | MIDDLE | | AST | Ta- DATE OF DEATH | | Y YEAR | Inour |
|---------------|--|--------------------|------------------------|-----------------|-----------------------------|--------------------------|-----------------|-------------------|-----------------|
| | PE OR PRINT) | | WIDDLE | | A31 | 20 DATE OF DEATH | MONIT UP | TEAR | 25 HOUR |
| | FELIX | (| 3. | BEI | RGES | OCTOBER 29 | , 1987 | | 8:55 |
| 3 SE | EX | 4 RACE | | 5 DATE C | | 6 AGE (IN YEARS LAST BIR | HDAY) II | "INDER I YEAR | HUNDER HR |
| M | IALE | CAUCAS | LAN | | 2, 1902 | 85 | YRS | | |
| 7a B | SIRTHPLACE INTATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED X | 9 BALTIMORE CITY O | R COUNTY C | F DEATH | |
| | PAIN | CUBA | | WIDOWE | | MONTGOMER | Y | | M |
| 10 € | CITY OR TOWN OF DEATH | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 12a USUAL OCCUPATI | | 176 KIND O | F BUSINESS O |
| S | ILVER SPRING | | RSITY NUR | | HOME | CLERK | F WORKING LIFE) | | IL SALE |
| | JAL RESIDENCE (IF NURSING HOME O STATE 13b COU | ROTHER INSTITUTION | | ADMISSION) | | | 7.0.000 | | |
| | | GOMERY | SILVER | | TYES T NO T | 13e STREET ADDRESS A | | TRE AV | FNIIF 20 |
| 14 F | ATHER'S NAME | | | | 15 MOTHER'S MAIDEN NA | ME | Innii Oii | | |
| 1 | MARIANO | WIDDLE | BERGES | | TERESA | MIDDLE | | MOR | |
| | WAS DECEASED EVER IN U.S. AF | | 16b SOCIAL SECUI | RITY NO. | 17 INFORMANT NEPH | FM ADDRE | 55 88/ | | D DRIVE |
| N | | VE WAR OR DATES) | 215-74-7 | 890 | LUIS FERNAN | | | | |
| H | | 1 | | | LUIS FERNAN | DEZ / GALIN | ERSBUR | | 20878 |
| | 18 CAUSE OF DEATH Enter of PART I DEATH WAS CAUSE | ED BY | 1. 1 - | | . + | | | BETWEEN | ONSET AND DEATH |
| | IMMEDIA | | scralac G | | real: | | | | |
| | | DUE TO, O | R AS A CONSEQUE | | with liver | , L L | | | |
| | Conditions, if ony, which | (b)_ | Colou Co | queer | with ther | Mulas asis | | | |
| | gove rise to immediate couse o, stating the | S DUE TO O | R AS A CONSEQUE | NICE OF | | | | | |
| | underlying couse lost | 1 | K AS A CONSEQUE | IACE OF | | | | | |
| | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO D | E A THE PLIT | NOT BELATED TO THE YERA | INIAL DIFFASE OF CONT | DITION CIVE | L IN L D A DT . I | |
| Z | | CO. 1011 1011 10 | 2.414.001.140.140.2 | <u>EAIN</u> BOT | THE RELATED TO THE TERM | IIIVAE DISEASE OK CON | JIIION GIVEI | VIIVEARI | |
| CERTIFICATION | 19a DATE OF OPERATION | 196 COND | TION FOR WHICH | OPERATION | N WAS PERFORMED | 20g AUTOPSY? | 20b IF YES, | WERE FINDIN | IGS USED |
| E S | | | | | | YES TO NOT | IN CERTIFYI | NG CAUSES | OF DEATH? |
| E - | 210 ACCIDENT WAS UNDERLYING | 7 21b. TIME O | FINJURY | | 21c HOW INJURY OCCUR | | | 1 (P PARI | NO [] |
| 1 | OR CONTRIBUTING CAUSE OF DE | A.111 | M. MONTH DA | | | (1110) | | | |
| MEDICAL | 116 EITHER NOTIFY MEDICAL EXAMINE | 21e PLACE | | 19 | 21f LOCATION | | | | |
| ME | | | EET FACTORY, OFFICE FA | ARM ETC) | STREET | TITY OR TO | WN | ETHIOTY | TATE |
| | A WORK AT WORK | | | . / | 1 | | 10- | | |
| | 22a I certify that (I) (this hosp | | | 1/18 | 19.84 | to | 10 / 19 | | that I wella |
| | saw the deceased alive or above, (1) (we) (d/d) (did no | ot) view the body | ofter death | , on | d that in (my) temp opinion | death accurred on the do | ite and hour o | and from the | couses stated |
| | 276 SIGNATURE | 1 | | [| DEGREE | | | 22c DATE | SIGNED |
| | Much | HS | 2 | | ATTENDING PHYSICIAN I | MEDICAL STAP | IAN [] | 10 | 129/6- |
| 1 | 224 PHYSIGIAN'S NAME (TYPE) | OR PRINT) | 11 | | 22e ADDRESS | | | | ATT |
| | 1 Jmith 5 | > Ito | ,M.D. | | 7610 (hum | oll Ave. To | atam | I lar | K. So |
| | BURIAL, CREMATION, REMOVAL | 23b DATE | 23c. N | IAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | COUNTY | 1415 |
| L | BURIAL | OCT 31 | 1,1987 GA | ATE O | F HEAVEN CEM | SILVER SP | | | ERY MD |
| 24 F | UNERAL DIRECTOR FRAN | | COLLINS, | | 25000 | | 256 REGISTRA | | |
| 5 | 00 UNIVERSITY B | | | | MD 20901 | 1987 | 1 | Mantel | andelle |
|) | | | | | | | | | |



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rectar page 3 urs after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9-3 4 1

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| CT 14 | 87 | FOR STATE REGISTRAR | | | DEPARTA | MENT OF H | EALTH AND MENTAL HYG | REG N | 10 | 0 7 | |
|-------------------------|---------------|---|-----------------------------------|--|---|-------------------|---------------------------------|--|---------------|--|--------------------|
| | | CEASED NAME | BERTH | | ELEN | | RKOW | OCTOBER | MONTH 7 1 | 987 | 26 HOUR 4:00 am |
| | 3 SE | | | 4 RACE | | 5 DATE O | FBIRTH | 6 AGE (IN YEARS LAST BI | | IF UNDER I YEAR | IF UNDER 24 HR |
| | | FEMALE | | CAUCA | | MACY | 4 DAY 19806 | 81 | YRS | | |
| o ouce | _ (| RTHPLACE (STATE OF COUNTRY) | | U.S. | WHAT COUNTRY? | MARRIE[WIDOWE | NEVER MARRIED DIVORCED DIVORCED | 9 BALTIMORE CITY S | | | MD. |
|) help | PO | OTOMAC | | 7317 | BROOKS | TONE | ROTHER INSTITUTION COURT | 120 USUAL OCCUPAT LITYPE OF WORK FOR MOST BOOKKEEP | OF WORKING | LIFET INDUSTRY | L-INDUS. |
| r must be | 13a S | AL RESIDENCE (IEN STATE ARYLAND | 13b COUN | OTHER INSTITUTION ITY GOMERY | GIVE RESIDENCE BEFORE 130 CITY OR TOW POTOM | N I | YES NO | | ZIP CO | STONE C | T: 20854 |
| excoming (| | LOUIS | | MIDDLE | COHEN | | 15 MOTHER'S MAIDEN NA/ | MIDDLE | | KATSEÊ | şΤ |
| medical | | VAS DECEASED EV YES NO OR UNKNOWN) NO | | MED FORCES? E WAR OR DATES) | 579-26- | | EDWARD BER | ADDR KOW: 4606 | CHE_CHE | ESTNUT . | |
| vent, the | | 18 CAUSE OF DE. PART I. DE ATH | WAS CAUSE | ly one couse per D BY E CAUSE (0) | Preur | | 119 | | | 1.6 | ONSET AND DEATH |
| njury. or other traumot | NO | Conditions, if a gove rise to icouse to stounderlying car | mmediate iting the use lost | DUE TO, OF | r as a conseque | 4001 | NOT RELATED TO THE TERM | INAL DISEASE OR COM | NDITION (| GIVEN IN PART II | o o |
| soms only | CERTIFICATION | 19a DATE OF OPER | RATION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? YES NO | | YES, WERE FINDIN TIFYING CAUSES YES [] | |
| Item 18 st | MEDICAL CER | 210. ACCIDENT WAS A OR CONTRIBUTING [| CAUSE OF DEA | 10 | M. MONTH DA | AY YEAR | 21¢ HOW INJURY OCCURE | RED (ENTER MATURE OF INJI | JRY IN ITEM I | 8 PART OR PART 21 | |
| orked or | MED | WHILE NOT AT WORK | WHILE WORK | 21e PLACE (| OF INJURY EET FACTORY OFFICE F | ARM ETC) | 211 LOCATION STREET | CITY OR TO | OWN | COUNTY | TATE |
| m 21 is mo | | 22a. I certify that sow the deed above. (I) we 22b SIGNALURE | osed alive on. | | 10 10 | | that in my our) opinion of | , to | lote and h | 19 1001 and from the | |
| MPORTANT If Hem | | 22d PHYSICIAN'S | 2001 | Jel Colonia De Colonia | hec | 14) |) ATTENDING | MEDICAL STA DIRECTOR PHYSI | CIAN | 10/1 | 181 |
| MPORTANT | | / | / | ISHER, | MD | | 5530 WISC | ONSIN AVE | ., # | VY CHA: 505; | SE, MD |
| | | BURIAL, CREMATIO ISPECIEY) BURIAL | | 10/11 | 187 UN | ITED | EMETERY OR CREMATORY HEBREW CEM | 23d LOCATION CITY OF TOWN BALT 7 | MORI | COUNTY | MARVIANT |
| 0M 7/84 4) | 24 FI | UNERAL DIRIO AR | ZANSK | Y-GOLD PIKE, | BERG ME ROCKVI | MORIA LLE, | AL CHAPET'S AT MD 208520C | F 1 3 1987 | Julia | Devidon R | SHEEP. |

DHMH 16 60M 7 84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burnal-transit permit. Then please remove corban paper with the State Dept, of Health and Mental Hygiene prior to burnal, cremation, ar removal

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REG NO O DATE KNOWN TO TYPE OR PRINT DEATH MATED AM IF UNDER 24 HRS 20 DATE LAST BIRTHDAY PRONOUNCED DEAD TO BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY 2 mer Minnesota United States WIDOWED X DIVORCED . 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12d USUAL OCCUPATION (TYPE OF WORK
Teacher KING &-76 KIND OF BUSINESS HE NOT IN SUCH FACILITY GIVE STREET ADDRESS). Education & Bethesda Suburban Hospital Dairy Farmer Farming HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 30 STATE COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN Minnesota Stearns Freeport YES Y NO Box 201 56331 15 MOTHER'S MAIDEN NAME LAST FIRST Clara Conrad Beste Woeste 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT AROTI Charred Oak Dr. 476-38-2492 Celestine B. Converse Bethesda, Md. No ADE 20817 ... PART I DEATH WAS CAUSED BY DUE TO OR AS A CONSEQUENCE OF eric Scleresis Conditions, if any, which gave rise to immediate cause (a stating the under DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL-1 HEALTH AND MEN lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a EXECUTE THE CERTIFICATE. WRITING THE WORD."PE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTIMORE, MARYIAND, 21201 PRIOR TO BURNAL, 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO L 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM, MONTH DAY 2" TAM CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 714 INJURY OCCURRED TIL LOCATION STREET, FACTORY FARM ETC 1 WHILE AT WORK CUY OR TOWN Nmi 22a I certify that I took charge of the remains described above, held on Inspection M Homicide | Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY Oct. Burial 31, 1987 St. Alexius Cemetery West Union Minnesota Bethesda-Chevy Chase, Bethesda 250. DATE REC'D. BY REGISTRAR 236 REGISTRAR'S SIGNATURE Pumphrey Funeral Home/ DHMH 17 Wisconsin Ave (VR A15 ME (5))

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

| 173 | REGISTRAR | | | | CERTIF | ICAIE OF DEATH | | REG. NO | | | |
|---------------|--|--------------------|-----------------------------|---------------------|--------------|---------------------------|--------------------|---------------------|--------------------|--------------|-------------------------|
| | CEASED NAME | FIRST | N | AIDDLE | | LAST | 20 DATE O | FDEATH M | NONTH DAY | YEAR | 25 HOUR |
| (TYP | E OR PRINT) | raldine | 2 | R. | Bi | rd | Octo | ber 1 | 9. 1985 | 7 | 5:20P M |
| 3 SE | | | RACE | | 5 DATE C | | | EARS LAST BIRTH | | INDER I YEAR | |
| | Female | V | White | | Oct | . 27, 1896 | 90 | | YRS | DA15 | HUURI MIN |
| | IRTHPLACE (LIATE OR | FOREIGN 7b. | CITIZEN OF V | WHAT COUNTR | V2 8 | D NEVER MARRIED | 9 BALTIMO | RE CITY OR | COUNTY O | DEATH | |
| - | KS | | U.S.A | A . | WIDOW | | | itgome: | ry | | MD |
| 10 C | ITY OR TOWN OF DEA | ATH 11. | | HOSPITAL, NUR | | OR OTHER INSTITUTION | | OCCUPATIO | N WORKING LIFE) | | OF BUSINESS OR |
| (| Chevy Chase | 9 | | orset A | | | THE OF WOR | Homema | | | ome |
| | AL RESIDENCE (IF NURS STATE MD | 13b COUNTY Mont | | 13c CITY OR TO | | 13d. INSIDE CITY LIMITS? | 130 SIREET 5100 | ADDRESS / | zip code | 2081 | 15 |
| 14. F. | ATHER'S NAME | MIDE | | LAST | | 15 MOTHER'S MAIDEN N | AME | WIDDLE | | ĮA. | C† |
| | John | MIDE | - | Riley | | Alice | | | | Myer | |
| | WAS DECEASED EVER | IN U.S. ARMEI | | 166 SOCIAL SE | CURITY NO. | 17 INFORMANT | | ADDRES | 55 | | |
| | No | (IF 163 GIVE WA | AR OR DATES) | 578-4 | 2-9835 | A Lyle O. A | Armel II | 6736 | N. 271 | | |
| | 18 CAUSE OF DEAT | H (Enter only o | ine couse per | line for 101, 161, | and (c) | | | | | BETWEEN | ONSET AND DEATH |
| | PART I. DEATH W | AS CAUSED B | ALISE (a) | 750LE | 4.75E | FAILURE | | | | 12 | Hours |
| | Conditions, if any gove rise to im- | mediote | | | | BUCTWE PUL | HOLINE | A DIE | ENCO. | 10. | YEARS |
| | underlying cause | | DUE TO, OI | R AS A CONSEC | DUENCE OF | ENER FAIL | (AC) | | | 64 | 40mgK |
| | PART 2 OTHER SIG | NIFICANT CON | | | | I NOT RELATED TO THE TE | | E OR COND | ITION GIVEN | IN PART 1 | u |
| Z | | | | | | | | | | | |
| CERTIFICATION | 190 DATE OF OPERA | TION | 196 CONDI | TION FOR WHI | CH OPERATIO | ON WAS PERFORMED | 20a AUT | OPSY? | 206 IF YES, V | | NGS USED S OF DEATH? |
| I E | | | | | | | YES 🗌 | NO | YES [| CAUSE | NO [|
| E E | 210 ACCIDENT WAS UN | | 216. TIME O | FINJURY M. MONTH | DAY VEAD | 21c HOW INJURY OCC | URRED (ENTER N | ATURE OF INJURY | IN ITEM 18 PART | I OR PART 21 | |
| AL | OR CONTRIBUTING | | HOUR A | | DAT TEAR | | | | | | |
| MEDICAL | 21d INJURY OCCUR | | 21e PLACE | OF INJURY | | 211 LOCATION | | CITY OR TOW | /N | DUNTY | STATE |
| 2 | AT WORK NOT W | HILE D | (A) HOME SIK | REEL PACTORY, OFFI | LE PARM, EIC | | | | | | |
| | 22a.1 certify that | this haspital) | ottended th | e deceased fro | 1979 | , 19 | , to | | 19 | 84 | that (we) last |
| | sow the deceas obove, (I) (we) (| ed olive on | iew the body | ofter death | , 0 | nd that in my (aur) opini | on death occurr | ed on the dat | te and hour o | nd from the | e causes stated |
| | 22b SIGNATURE | Λ | (L | | | DEGREE | | | | 22c DATE | ESIGNED |
| | Reien | R.V | Kerm | عد | | ATTENDING PHYSICIAN | DIRECTOR | STAFI PHYSICI | | 10. | 78 ac |
| 1 | 22d. PHYSICIAN'S N | AM (TYPE OR PR | III III | | | 22e ADDRESS | | | | | |
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| 230 | BURIAL, CREMATION | | 23b DATE | 2 | 30 NAME OF 0 | CEMETERY OR CREMATOR | Y 23d LOC | | | OUNIY | STATE |
| 23a | | | | 40 | Arl. | CEMETERY OR CREMATOR | Y 23d LOC | ATION | | OUNIY | SIATE |
| | BURIAL, CREMATION (SPECIFY) Burial UNERAL DIRECTOR | REMOVAL | 23b DATE 10/22 Gawler | /87 | Arl. | CEMETERY OR CREMATOR | Y 23d LOC | ATION YORTOWN Arl., | VA | | |

DHMH = 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

| ٠. | E-9.3 | W F | | | | | KEG. INC | , | | |
|-----|---------------|--|-----------------------------------|---------------------------|---|-------------------|------------------------------|-------------|-----------------------|-------------------|
| - [| | EASED NAME FIRST | MIDDLE | | LAST | | 20 DATE OF DEATH | НТИОМ | DAY YEAR | 26 HOUR |
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| - 1 | | | | DIQ | MULCO | | | 10 | | |
| - | 1. SEX | | 4 RACE | 5 DATE | OF BIRTH | YEAR | 6 AGE TIN YEARS LAST BIRT | HDAY) | MONTHS DATE | HOURS MIN |
| | + | Emale | White | 7 | 15 | 02 | 85 | YRS | | |
| 21 | Ju BB | THPLACE TEATE OF PORTION | 76 CITIZEN OF WHAT C | OUNTRY? 8 | X | | 9 BALTIMORE CITY O | R COUNTY | OF DEATH | |
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| = | 18 CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITA | | | - Toronto | 170 USUAL OCCUPATA | | 12h KIND OF | F BUSINESS OR |
| 2 | 6.1 | | (IF NOT IN SUCH FACILITY, | GIVE STREET ADDRESS) | .1 1 | | (TYPE OF WORK FOR MOST O | WORKING LIF | E) INDUSTRY | |
| 2 | 21 | IVER Span | HOLY CRO | oss hos | | | PROPRIETO |) K | BOWLI | NG ALLE |
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| 7 | MAR | | VTGOMERY S | | | NO 🗌 | 9039 SLI(| 30 CR | REEK PK | (WY#211 |
| A | | THER'S NAME | | | 15 MOTHER'S | MAIDEN NAM | | | | |
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| II | | AS DECEASED EVER IN U.S. AF | IVE WAR OR DATES) | CIAL SECURITY NO. | 17 INFORMAN | SON | GA | CTHER | SBURG. | MD20878 |
| | | NO | 21 | 7-34-003 | & ALV | IN FRI | EDMAN: 13 | 110 G | GLEN RO |): |
| - 1 | | 18 CAUSE OF DEATH Enter of | | ai, ib , and ic | | | | | APPROXIM BETWEEN O | MATE INTERVAL |
| - | | PART I DEATH WAS CAUSI | ED BY (TE CAUSE (a) | ocarlia | eum | . h | zili. | | 1/ | 0 |
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| | | | DUE TO, OR AS A C | ONSEQUENCE OF | . 7 | - / | 0 | | 7 | 1 |
| r | 1 | Canditians, if any, which gave rise to immediate | (b) <u>Cer</u> | enary | ander | 7 0 | rerease | | 0 4 | 10000 |
| 5 | 1 | cause at, stating the | DUE TO, OR AS A C | ONSEQUENCE OF | _ | | | | | |
| | / | underlying cause last | (() | | | | | | | |
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| | o l | 1 | neumoney | | | | | | | |
| 9 | A. | IN DATE OF OPERATION | | R WHICH OPERATIO | ON WAS PERFOR | MED | 200 AUTOPSY? | | WERE FINDIN | |
| 4 | ¥ | | | | | | VES TI NOM | | YING CAUSES | OF DEATH? |
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| 2 | 35-WC1 | OR CONTRIBUTING CAUSE OF DE | | ONTH DAY YEAR | | 011.00001110 | TO TENTER THE RECT PRODU | | | |
| | Ď. | LIFETHER NOTIFY MEDICAL EXAMINE | | 19 | | | | | | |
| | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJU | | 21f LOCATIO | N | (ITY OR TO | WN | LOUNTY | STATE |
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| | | 220 I certify that this hasp | oital) attended the deceas | sed fram 9/ | 2.4 | 19 8 7 | _ to _ / 0 / | 11 | 19 6 7 1 | hat (1) (we) last |
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| | | med | 10 0n | | P | HYSICIAN X | DIRECTOR PHYSIC | IAN 🗌 | 1911 | 10/ |
| | | 224 PHYSICIAN'S NAME (TYPE | OR PRINT) | | 22e ADDRESS | | | | | |
| | | DR. IRNEST | OSER | | 1030 | 1 GEOR | RGIA AVE. | STIL | IFR SPR | RING. MD |
| | 23o B | URIAL, CREMATION, REMOVAL | | 230 NAME OF | CEMETERY OR CI | | 23d LOCATION | 10221 | | |
| | - 5 | BURIAL | | | | | CITY OR TOWN | r | TANDO | MATE |
| | 74 E1 | | 10/11/87 | MT. | LEBANO | | ADELPH REC'D BY REGISTRAR | 25h DECIST | | IARYLAND |
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DHMH 16 60M 7 84

(VRA 15, 4)

STATE OF MARYLAND

| 069028 OCT | DEPARTMENT OF HEALTH AND MENTAL HYGIENE/ CERTIFICATE OF DEATH REG. NO. | | | | | | | | | | | |
|--|--|--|--|---|--|-------------------------|--|-------------|--------------------------------------|---|-------------------------------|-----------------------------|
| be oge 3 | TYP | CEASED NAME E OR PRINT) | Son | | R | B | 18m | Y | 20 DATE OF DEATH | 10 / | 14 87 | 26 HOUR 555 M |
| rector p | 3 SE | MALE | | 4 RACE | casian | 5. DATE O | | 23 | 6 AGE LINYEARS LAST | TBIRTHDAY) YRS | MINDER YEAR | HOURS MIN. |
| nerol din | | RTHPLACE TATE OR F COUNTRY] W York | FORE IGN | | what country? | MARRIE WIDOWI | D NEVER M | AARRIED T | 9 BALTIMORE CIT | YOR COUNTY | | MD |
| by the for filed within | , | Bethesd | a | 11. NAME OF SUD I | HOSPITAL, NURSIN ICH FACILITY, GIVE STREET LR DQN | ADDRESS) | | | 12a USUAL OCCUP (TY Charles Radio | ALION DEDE WORKING THE | 12b KIND O INDUSTRY WRA | |
| LAND 21: | 130 M | AL RESIDENCE HE NURS STATE [aryland ATHER'S NAME | 13b COUN | | GIVE RESIDENCE BEFORE 13c CITY OR TOW Potomac | | 13d INSIDE CI | ио 🗓 | 13e STREET ADDRES | | | 354 |
| i. MARYL order with pondez s | | Walborn | Chr | istian | Blemly | | Adel | aide | Marie | e | Luthe | |
| be executed on and contains. Pages | | WAS DECEASED EVER YES NO OR UNKNOWN! Yes | (IF YES GIV | MED FORCES? E WAR OR DATES) . II | 166 SOCIAL SECU | | 17 INFORMAT | (WI | fe) ADI | e as li | ne #13. | |
| I W. PRESTON ST., BAIL hot the death certificate by the attending physical series remove corban paper. I. cremation, or removal, other troumptic event, the rancis C. | | | MAS CAUSEI | ly one couse pe D BY E CAUSE (o) DUE TO, C | Cardi | ere | | streli | le Wite : | anen | | WATE PRINTING |
| DIVISION OF VITAL RECORDS, 201 AL OR ATTENDING PHYSICIA If the hospital or ottending physicial AL DIRECTOR After this certific feloched for use as the burdol-train triming ingred feloched for use as the burdol-train triming in the ples tre Dept of Health and Mental in the ples The frem 21 is marked or fermily increased in the property of the pro | MEDICAL CERTIFICATION | PART 2 OTHER SIGN 190 DATE OF PPERA 10 ACCIDENT WAS UNCONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION C | FION 87 DERITYING TAUSE OF DEA CALEXAMINER RED | 21b TIME # HOUR A P 21e PLACE (AT HOME ST | DETIND FOR WHICE DETINJURY .M. MONTH D. .M. OF INJURY REEL FACTORY OFFICE F | ERATIO AY YEAR 19 | N WAS PERFORE W/Y 21c HOW IN J 21l LOCATIO TREET | JURY OCCURR | 7 to 10/ | 206 IF YES IN CERTIFY YE NIJER IN ITEM 18 P | S, WERE FINDING CAUSES S | NGS USED OF DEATH? NO IATE |
| TO HOSPITAL erained by 11 TO FUNERAL should be det with the Stote | 22. 5 | 224 PHYSICIAN'S NA | Ry J | T. Lev | in, my |) | 22e ADDRESS | | ss Ave | | r W | Astt |

DHMH - 16 60M 7/84 (VRA 15, 4)

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Burial Oct.19,1987 Arlington National Cem Arlington Virginal Funeral Director Robert A. Pumphrey Funeral Home/
Rockville, Inc.
300 West Montgomery Ave. Rockville, Maryland

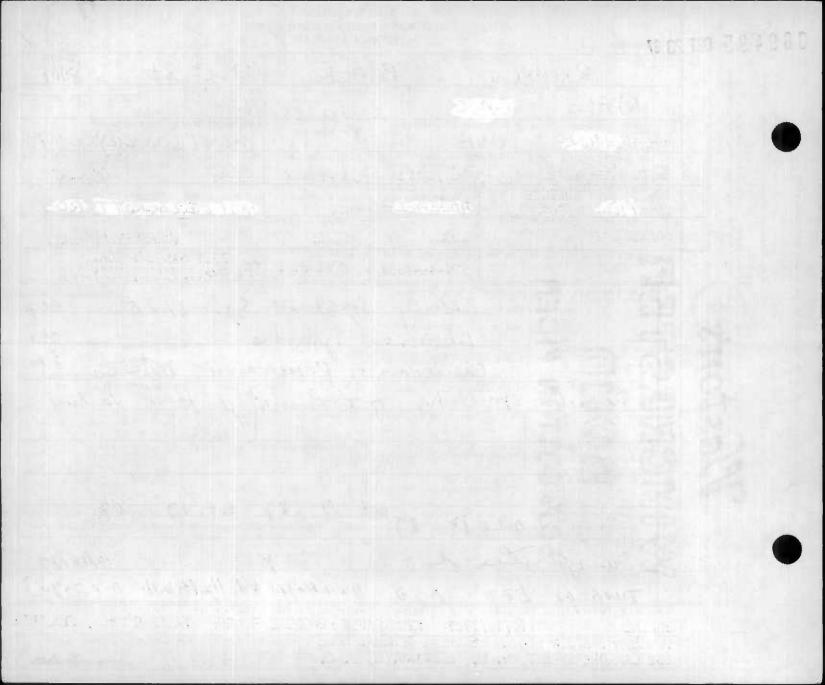
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| 0.69495 OCT | 1. | FOR STATE | | | HEALTH AND MENTAL HY | GIENE | |
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| be oge 3 | | CEASED NAME RIST | 1ben MIDDLE | B | lock | 3 Oct 8 | 7 PONT YEAR 26 HOUR |
| to poor | 3 SE | | 4 RACE WHITE | S DATE | OF BIRTH DAY YEAR 18 | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHE BAYS HOURS MIN. |
| Bood 4 | 7a B1 | RTHPLACE ATE OR FOREIGN | 76 CITIZEN OF WHA | AT COUNTRY? 8 | | BALTIMORE CITY OR CO | UNITY OF DEATH |
| A Paragraphy | | ASHINGTON, DC | USA | WIDOW | ED NEVER MARRIED E | MONTGO | MERZYCOUNTYMO |
| S offer of the state of the sta | 70 C | TY OR TOWN OF DEATH | (IF NOT IN SUCH FACE | CILITY GIVE STREET ADDRESS) | Jospidal | 120 USUAL OCCUPATION (TYPE DE WORK FOR MOST OF WOR | KING LIFE) 126 KIND OF BUSINESS OR INDUSTRY GROCERY |
| ND 212 | | ARYLAND GEO | NGE S | RESIDENCE BEFORE ADMISSION | 113d INSIDE CITY LIMITS? YES XX NO | 130 STREET ADDRESS / ZIP .5631 SARGENT | |
| MARYLA di Laborational | HA FA | ARRY FIRST | | BLOCK | 15 MOTHER'S MAIDEN N PEARL | AME | (ASCERTAINABLE) |
| MORE, A | 160 V | YAS DECEASED EVER IN U.S. | | SOCIAL SECURITY NO | ROSE S. B | 1000 5631 DEARC | |
| 1 1/1 | | 18 CALISE OF DEATH (Enter | only one course nei line | for (a. (b. and c | | 117/(110/21 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 2 (((((((((((((((((((| | 18 CAUSE OF DEATH LEnter PART I DEATH WAS CAU | SED BY IATE CAUSE (0) | iliany | Sepsil Wil | 3 Septic Sh | ock day |
| S NO | | I I I I I I I I I I I I I I I I I I I | | A CONSEQUENCE OF | | 1 | |
| EST decet | | Conditions, if any, which | (b) (| bstruct | 12 jaund | ice | 317 |
| W PR | | gave rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS | A CONSEQUENCE OF | of Panc | rease with M | utaneri 3 m |
| RDS. 20 requests them ple to burns on plery, o | NO | PART 2 OTHER SIGNIFICAN | CONDITIONS CONTR | GENTING TO DEATH BU | T NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION | IN GIVEN IN PART 10 |
| L RECO | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION | N FOR WHICH OPERATE | ON WAS PERFORMED | | IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \) |
| OF VITA | _ | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | DEATH HOUR A.M. | MONTH DAY YEAR | 216 HOW INJURY OCCU | IRRED (ENTER NATURE OF INJURY IN IT | EM 8 PART OR PART / |
| | MEDICAL | 214 INJURY OCCURRED | 21e PLACE OF IN | | 211 LOCATION | UNOR TOWN | COUNTY STATE |
| NOISION Z ÷ o ÷ o | Z | AT WORK AT WORK | (AT HOME STREET F. | ACTORY OFFICE FARM ETC } | STREET | 4 | |
| NDI OF | | 220 I certify that (1) (this ho | A 17 | 3 0/3 | 17 | 100(1.13 | 190 that II (we) last |
| ATTE Sspire CTO d for 1 of 1 | | sow the deceased alive above, (I) (we) (did) (did | not view the body after | r death | | n death occurred on the date a | nd hour and from the couses stated |
| AL OR the hold NL DIRI | | 276 SIGNATURE | Lu | Ron | DEGREE ATTENDING PHYSICIAN | | 10/1x/37 |
| HOSPIT FUNE Wild be PORTAN | | 22d PHYSICIAN A AME | JF 7 | 100 | 120 ADDRESS 1411 RAGG- | s Rd Hyatts Vi | 11- 150 70783 |
| D # P # 1 3# | 23a | BURIAL, CREMATION REMOV | AL 236 DATE | 23c NAME OF | CEMETERY OR CREMATORY | | a authority transmire |
| BP | | IRTAL | 10/16/19 | | | | S CHURCH, VIRGINIA |
| DHMH 16 60M 7/84 | | NEALDIRM TORSTEIN | | | | ATE REC D. BY REGISTRAR 256 F | REGISTRAR'S SIGNATURE |
| (VRA 15, 4) | 2: | 32 CARROLL STR | = ET, N. W., | WASHINGTON | , v. c. U | U 1 9 1987 A | ulia Dandson Pandares |



FUNERAL buld be deta th the State

DHMH - 16 60M 7/84

(VRA 15. 4)

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MPORTANT

- STATE

REGISTRAR CEASED NAME

FIRST

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2h HOUR

20 DATE OF DEATH

(TYPE OR PRINT) W. 3 SEX 4 RACE 6 AGE IF UNDER I YEAR 5 DATE OF BIRTH EMALE - OS 82YRSYRS WHITE 70 BIRTHPLACE I LATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MONTGOMER DIVORCED [SALON 130 STREET ADDRESS TZB CODE ROAD 13d INSIDE CITY LIMITS? 20852 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME IGNAZ FIRST MIDDLE WEIKERS JOSEPHINE MINA SICHEL 66 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 10205 PORTLAND ROAD NOES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579-12-7182 L. ALAN BLUM, MARYLAND APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF ZHEIMER'S DEMENTIA. Conditions, if any, which gave rise to immediate cause (a), stating the EDEPRESSION underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG NO CERTIFICAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES | NO T 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NAT RE OF INJURY IN ITEM IS PART OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDIC AL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STREET (AT HOME STREET FACTORY OFFICE FARM ETC.) AT WORK NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from saw the deceased alive an above, (I) (we) (did) (did not view the body after death and that in (my) (aur) apinion death occurred on the date and have and from the causes stated 22h SIGNATURE DEGREE 220 DATE SIGNED. ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS SUDHAKAR 230 BURIAL, CREMATION, REMOVAL 234 NAME OF CEMETERY OR CREMATORY PRINCEOUNTY BURTAI 10/11/1987 MOUNT LEBANON CEMETERY DUNALD RECORTEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET. N. W., WASHINGTON, D. C. Jan Davidson Bandelle

0 8 2 2 1 0 1 23 87 10 10

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE 87 STATE REGISTRAR REG NO DECEASED NAME TYPE R PRINT OF DEATH MATED IF UNDER 1 YR IF UNDER 24 HRS 2c DATE DEAD BALTIMORE CITY OR To BIRTHPLAC MARRIED X NEVER MARRIED U.S.A. VIRGINIA DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY CIVIL USUAL RESIDENCE IF IN A 30 STATE 1136 COUNTY 14 FATHER'S NAME BEACH DOUGLAS W. PRESTON ST., BALTIMORE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO SAME AS 13e YES WWI1 223-20-8346 BEAUTIS M. BEACH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTER AL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 ED AS A E CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? SED 20 AUTOPSY? BURIA AGE 3 SHOULD BE UNTER DEPARTMENT OF 1201 PRIOR TO BUR YES [] 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET FACTORY, FARM ETC) STREET CITY OR TOWN WHILE WHILE AT WORK TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND, 220 I certify that I took charge of the remains described above, held an Inspection Natural causes death resulted from Accident Hamicide Undetermined manner TITLE (SPECIFY) SIGNATURE SEMINARY RD. SILVER SPRING. MD JOHN R. ROGERS 230 BURIAL CREMATION REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY VA. STATE METROPOLITAN (REMATORY ALEXANDRIA 25M 24 FUNERAL DIRECTOR DHMH 17 500 UNIV. (VR A15 ME (5)

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter retained by the hospital or attending physician.

BP.

DHMH 16 60M 7/8 (VRA 15, 4)

deoth Page 4 may be

STATE OF MARYLAND

9 3 3 0

| EPARTMENT | OF HEALTH | AND MENTAL | HYGIENE/ |
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| CEI | RTIFICATE | OF DEATH | |

| THE CHY OR TOWN OF BEATH THE ANAME OF MENTAL CONDITIONS OF RESPONSE OF STATE OF THE STATE OF STATE OF THE STATE OF STATE OF STATE OF THE STATE OF STATE OF THE STATE OF STATE | | | | STAT | E OF MARYLAND | | |
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| THE CANSE OF PER TO COUNTY OF PEATH THE CANSE OF PEATE ON MAN DE PROPERTY ON THE PEAT OF | 400- | • | | CERTII | FICATE OF DEATH | REG. NO | |
| 1 SAME | 1861 | | Adolphe MIDDLE | | LAST Bonnefil | | DAY YEAR 26 HOUR |
| SER S.D. ALE OF BERTH DON'T TAM DO | | (TYPE OR PRINT) | CI DIE | 13 | | 10 -1 | 1- 00 1910 |
| Male White July 1, 1910 To Reside Address of the Children of What Country? MARREDER NAME Hatti 10 CITY OR COUNT OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION WASHINGTON OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION WASHINGTON OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION WASHINGTON OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION WASHINGTON OF DEATH 12 SULF ASSESSEDENCE (FIND ASSOCIATION OF WHAT ASSOCIA | | 1 SEY | 14 RACE | IS DATE | | 16 | |
| TO BRITHERACE COLOR OF DEATH To BRITHERACE | | | | MONT | H DAY YEAR | | MONTHS CAYS HO RS M |
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| DULY TO STORM TO THE COUNTY OF TOWN TO THE STORM TO THE S | 70 | TO CITY OR TOWN OF DEATH | | | OK OTHER INSTITUTION | TYPE OF WORK FOR MOST OF WORKING LE | E) INDUSTRY |
| 18 STATE 13 COUNTY 13 COUNTY 13 CITY OR TOWN 13 MINSTOR CITY LIMITS? 13 STREET ADDRESS / ZIP CODE 4012 CIL evel and St. / 20895 15 MOTHER'S MADRE 18 | 10 | DETHESDE | 1 SUBURI | BAN | 1405 P. 18h. | Foreign Ser. Of. | State Dept |
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| Leonce — Bonnefil Josephine — Budu Leonce Bonnefil Josephine — Budu Leonce Bonnefil Josephine — Budu Leonce Bonnefil Josephine — Budu Leonce Bonnefil Josephine — Budu Leonce Bonnefil Budu | B | MD M | | | | 4012 Cleveland | 1 St./20895 |
| Leonce Bonnefil Josephine ADDRESS | 0 | | LACT TABLE | | | | |
| 18 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 18 SOCIAL SECURITY NO 568-12-1087 VIVI EMME BONNOTIL, Same address as #13. | | - | | | | | |
| 18 CAUSE OF DEATH Enter only one course per line for 10, 16, and 10 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (10) CUNGES & R. P. | | | S. ARMED FORCES? 166 SOCIAL | SECURITY NO | 17 INFORMANT | ADDRESS | |
| B CAUSE OF DEATH Enter only one cause per line for 10, 16, and 10 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CUNGES FIRE A PECAT FAILURE MINMEDIATE CAUSE (a) CUNGES FIRE A PECATOR OF CAUSE (a) CONDITION SOUTH PRINCIPLE COURSE OF CAUSE (a) CONTROLLED CONTROLLE | 5 | (YES NO OR UNKNOWN) (IF | ES GIVE WAR OR DATES) 568-4 | 2-1087 | Vivienne Bo | nnefil. Jame add | ress as #13. |
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| DUE TO, OR AS A CONSEQUENCE OF CANALICAL PROVIDED TO BE TO AS A CONSEQUENCE OF CONTROL OF CANALICAL PROVIDED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 PAR | | PART DEATH WAS C | | | bort fail | O | BETWEEN ONSET AND DEA |
| Conditions, if any, which give use to immediate course to immediate course to immediate course to immediate course to immediate problems of the state of the stat | o | IMM | EDIATE CAUSE (a) CONS | SSVIVE I | 1000 1-170 | | ~ 10000 |
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| 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY2 200 IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? YES NO YES YES YES YES YES NO YES | other | couse 10, stating t | DUE TO, OR AS A CONS | EQUENCE OF | renany Ante | ery Discuse | 10 years |
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| 270 I certify that M (this hospital) attended the deceased from September 19 3 to October 19 3 that M (we) sow the deceased alive on 19 2 and that in (my) (our) opinion death occurred on the date and hour and Irom the causes stated obove. (I) (we) (did, (did not) view the body after death 270 SIGNATURY DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR D | E | OR CONTRIBUTING CAUSE | OF DEATH | | | | |
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| sow the deceosed alive on 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove. (I) (we) (did), (did not view the body after death) 276 SIGNATURN | 5 | | | | 1 6 67 | - 10 - 15 | 97 |
| Obove (I) (we) idid (idid not view the body alter death 77% SIGNATURE) DEGREE ATTENDING MEDICAL STAFF 10/17/87 PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR D | | | | 6 1 | | to OCIDATO | 19 that M (we) |
| ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR DIRECTOR DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN | | obove (l) (we) (did), (c | VE OIL A LOS | 19 6 1 0 | and that in (My) (our) opinior | death accurred on the date and had | i and I om the causes stated |
| 236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION (ITY OF TOWN) 24 FUNERAL DIRECTOR JOSeph Gawler's Sons, Inc. 250 DATE | | 226 SIGNATURE | 6 M.5 | 2 2 | | MEDICAL STAFF | 1/2 DATE SIGNED |
| Allen A. Nimetz, M.V. 540 Western Ave. N.W. wash V. 230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY (IN OR JOHN CITY OR JOHN) Burial 10/19/87 Gate of Heaven Cem. Silver Spring MD. 24 FUNERAL DIRECTOR JOSeph Gawler's Sons, Inc. 250 DATES DE REGISTRAR 256 | | | y Ch / house |) / | | DIRECTOR PHYSICIAN | 10111181 |
| Burial 10/19/87 Gate of Heaven Cem. Silver Spring MD 14 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 250 DATES OF BURISIES REGISTRARY SIGNATURE | | Allen | A. Wimets | M.U. | 5401 Wes | tern Are, N.W. | , wash D. |
| Burial 10/19/87 Gate of Heaven Cem. Silver Spring MD. 24 FUNERAL DIRECTOR JOSeph Gawler's Sons, Inc. | 1 | 230 BURIAL, CREMATION, REM | OVAL 236 DATE | 230 NAME OF | CEMETERY OR CREMATORY | | DINITY |
| 24 FUNERAL DIRECTOR JOSEPH Gawler's Sons, Inc. 230 DAY PECD BY REGISTRAR 235 REGISTRAR 255 REGISTRAR | | Burial | 10/19/87 | Gate o | f Heaven Cem. | | |
| | (0.4 | | eph Gawler's Son | s, Inc. | | | TRAR S SIGNATURE |
| JIJO WISCONSIN AVE, NW, WASHINGTON, D.C. ZOOIO | 7/84 | | | | 20016 | UU 40 1987 A | ulia Devider Read |

07 84 25M

> DHMH 17 (VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 840 No | -50R'87 | | STATE OF A | MARYLAND H AND MENTAL HYG | 87 - 29 | 851 |
|--|--|--|---|--|---------------------------------|--|
| a gunt | - STATE REGISTRAR | M | EDICAL EXAMINER'S | CERTIFICATE OF | DEATH REG NO |) |
| + . | 1 DECEASED NAME | FIRST | MITTURE | LAST | 20 DATE KNOWN X | MCN P AY YEAR 75 HOLD |
| ASE OR EET, | | | | OARMAN | DEATH MATED | 10/21 19 87 P. M |
| 型の こまい | 3 SEX 4 RA | RACE S DATE OF BIRTH | | INDER 1 YR IF UNDER 24 H | | MONTH DAY YEAR 18:15 |
| ARY, L DIR YOU TON | | White Dec. 17, | , 1904 82 YRS. | | DEAD | 10/21 19 87 P. M |
| NECESSARY UNERAL DIR S FOR YOUR WITHIN 72 PRESTON | M BIRTHPLACE ISTATE OF COREIGN COUNTRY! Maryland | U.S.A | | RIED NEVER MARRIED WED X DIVORCED | | |
| SE S | 10 CITY OR TOWN OF D | DEATH II NAME OF HO | OSPITAL, NURSING HOME OR OTH | | USUAL OCCUPATION TYPE | |
| PAG BE FILE | Hyattsvil | | d Heart Home, Inc | C. | Operator | C & P Telephone |
| SETAIN SE | | 13b COUNTY Prince Geo. | GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN Hyattsville | TISH INCIDE CITY LIMITS? TISE | STREET ADDRESS 5805 Queens (| 20782 |
| 2 SH | 14 FATHER'S NAME | | | 15 MOTHER'S MAIDEN N | AME | |
| 1 92 P | Martin | MIDDLE . | Hines | A. | Irene | Hewitt |
| WITH FORM DIVISION O | 160 WAS DECEASED EVI (YET NO, OR UNKNOWN) | VER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) | 166 SOCIAL SECURITY NO. 577-01-2677 | | 00 Riggs Road 6. Hyattsville | |
| S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS RITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GROED TO THE CHIEF MEDICAL EXAMINER ALONG WINGS 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVIDIALISE TO BURIAL, CREMATION, OR REMOVAL. | Conditions, if gave rise to cause (a) state lying cause la PART 2 OTHER SIGNIFIC None 10/9/ 21a EXTERNAL CA | if any, which to immediate thing the under- ost. ICANT (ONDITIONS (ONTRIBUTING TO DEAT PERATION 196 COND Frac AUSE WAS 216 TIME C | Pulmonary embolus OR AS A CONSEQUENCE OF fracture of left OR AS A CONSEQUENCE OF LIH BUT NOT RELATED TO THE TERMINAL DISEAS DITION FOR WHICH OPERATION W cture of left him OF INJURYPOBBLY 216 H M. MONTH DAY YEAR | hip. ASE OR CONDITION GIVEN IN PART 1 WAS PERFORMED? P. | | 20 AUTOPSY? YES NO SET AND SE |
| INER: THIS CERTIFICA ICATE, WRITING THE FORWARDED TO THE TOR: PAGE 3 SHOULI THE STATE DEPARTMI AND, 21201 PRIOR TO | UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB | CAUSE OF DEATH P. | 2.M. 10/5 19 87 No. RE OF INJURY (ATHOME. 211 LC. ACTORY_FARM, ETC.) Sing home Quee | ot known. OCATION STREET en's Chapel R Inspection X | d., Hyattsvil | Le, Pr. George's, |

EXAMINER'S NAME (TYPE OR PRINT) John S. Rogers, M.D. 230 BURIAL, CREMATION, REMOVAL

ACTUAL

SIGNATURE

230 NAME OF CEMETERY OR CREMATORY

ADDRESS Silver Spring, Montgomery County, MD

11/19/87

Undetermined manner

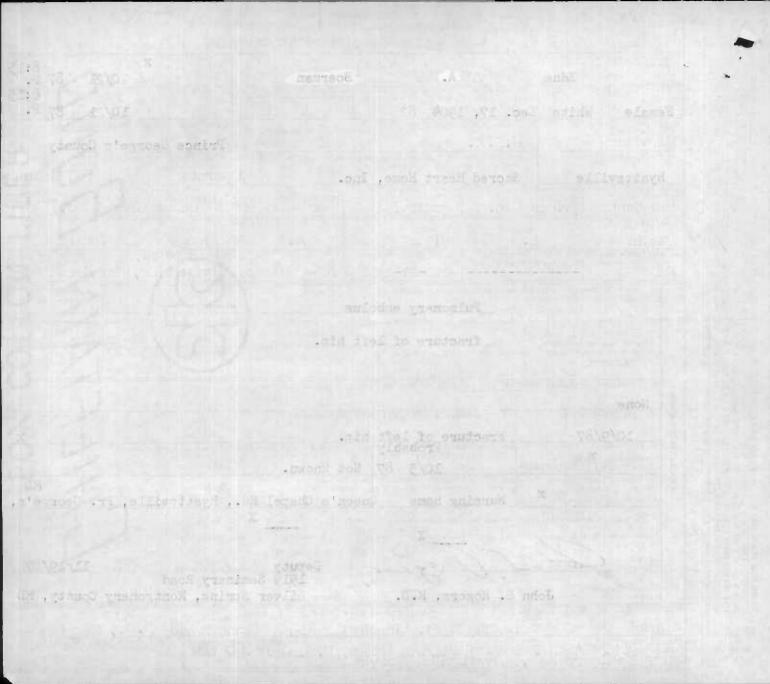
Deputy MEDICAL EXAMINER
1919 Seminary Road

Burial

TITLE (SPECIFY)

Brentwood, P.G., Maryland

26, 87 Ft. Lincoln Cemetery FRANCIS GASCHS SONS FUNERAL HOME, 4739 Baltimore Ave., Hyattsville, Maryland



Pages 1

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OCT

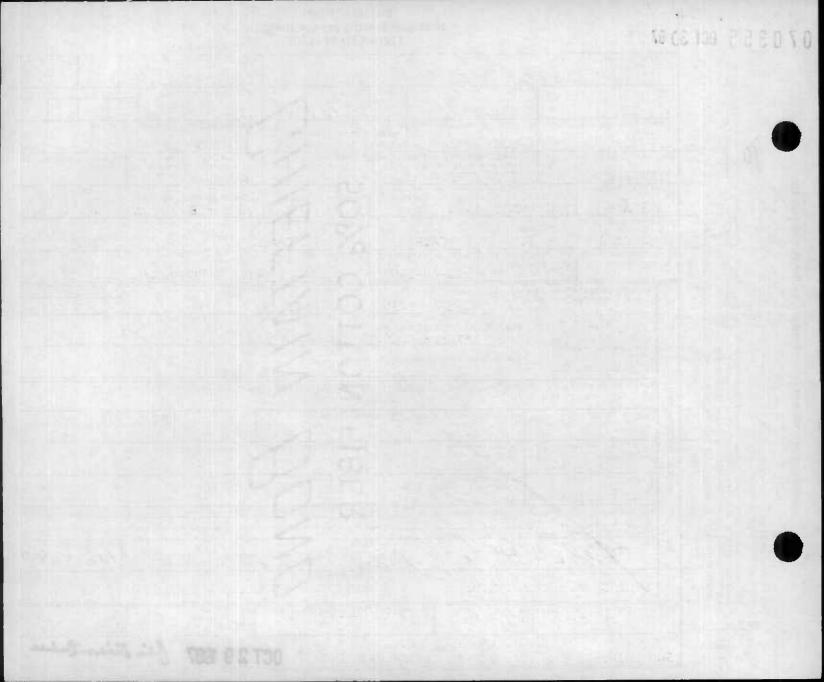
STATE OF MARYLAND

| 3 | րե | FOR 7 STATE REGISTRAR | | DEPART | | HEALTH AND MENTAL HYG | IENE E REG NO |). | | 0 |
|---|---------------|---|---------------------------------|----------------------------|---------------|---------------------------------|--------------------------------------|--------------|--|-------------------------------------|
| | | CEASED NAME FIRE OR PRINT) | es: | MIDDLE | | LAST | 2a DATE OF DEATH | MONTH | DAY YEAR | 2b HOUR |
| | | | CHLEEN | MARIE | В | DYLAND | SEPTEMBER | 13, | 1987 | 8:15A M |
| | 3. SE | X | 4 RACE | | 5 DATE (| | 6 AGE (IN YEARS LAST BIRT | HDAY) | IF UNDER 1 YEAR | IF CADER , LHR |
| | FE | EMALE | CAUCAS | IAN | | CH 22, 1916 | 71 | YRS | MONTHS DATE | NOOR MIN |
| 1 | | IRTHPLACE TATE OR FOREX | 76 CITIZEN OI | WHAT COUNTRY? | 8 AAA DDIE | D NEVER MARRIED | 9 BALTIMORE CITY OF | COUNT | Y OF DEATH | |
| | | EW YORK | USA | | WIDOWI | | MONTGOMER | Y | | MD |
| 1 | 10 C | ITY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURSIN | G HOME | OR OTHER INSTITUTION | 120 USUAL OCCUPATION | | | OF BUSINESS OR |
| 1 | BE | ETHESDA | | SERAGO RO | | | HOUSEWIFE | · | INC) FINDOSTKT | |
| 1 | 130 5 | | COUNTY ONTGOMERY | 130 CITY OR TOW BETHESD | N | 13d INSIDE CITY LIMITS? YES NO | 13e STREET ADDRESS / 7505 SEBAG | | | 17 |
| 1 | 14. FA | ATHER'S NAME | WIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | ME | | | |
| | | JOSEPH | T. | GAYNO | OR | CATHAF | RINE | | HA | MILL |
| , | | WAS DECEASED EVER IN L | | 166 SOCIAL SECU | IRITY NO. | 17 INFORMANT | ADDRES | SS | | |
| 1 | | NO | YES GIVE WAR OR DATES) | 212-68-3 | 3407 | RICHARD J. E | BOYLAND/HUSB | AND/S | SAME AS | 13 |
| | | 18 CAUSE OF DEATH IE | nter only one cause pr | er line for (a), (b), an | dic | | , | | | ONSET AND DEATH |
| | | PART I DEATH WAS (| CAUSEĎ BY MEDIATE CAUSE (0)_ | ACUTE MY | CARD | IAL INFARCTION | | | | INUTES |
| | Z | Conditions, il any, wh gave rise to immediacouse ia stating underlying cause le | DUE TO, C | dr as a consequi | ENCE OF | IC HEART DISEA | | ITION GIV | VEN IN PART 1 | |
| 2 | CERTIFICATION | 190 DATE OF OPERATION | 1 196 CON | DITION FOR WHICH | OPERATIO | ON WAS PERFORMED | 200 AUTOPSY? YES NOT | IN CERTI | S, WERE FINDI FYING CAUSES ES [] | |
| 7 | ž. | 710 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUST (IF EITHER NOTIFY MEDICAL EX | OF DEATH HOUR | OF INJURY A.M. MONTH DA | AY YEAR | ? It HOW INJURY OCCURE | | 8t M311 M1 × | PAR')R PARI | |
| | MEDICAL | 21d INJURY OCCURRED WHITE NOTWHITE AT WORK | | FREET FACTORY OFFICE F | | 21f LOCATION | CITY OR TOW | VN | OUNTY | TATE |
| | | 220 certify that (1) (this saw the deceased a above (1 (we) (did) (| Ive on SEPT 2 | 9 19 | OCT . | nd that in (my) (our) opinion o | death accurred on the da | te and how | 19 8/ | that (I- (we) last causes stated |
| | | 226 SIGNATURE SHELL | e 4. 86 | te | 12.5 | DEGREE ATTENDING PHYSICIAN | MEDICAL STAF | | 10 - | 13-87 |
| | | STEPHEN W. | | .D. | | 6719 WILSON | LANE, BETHE | SDA, | MD 208 | 17 |
| | | BURIAL, CREMATION, REM | OCT19 | ,1987 GA | TE OF | EMETERY OR CREMATORY HEAVEN CEM | 23d LOCATION CITY OF TOWN SILVER SPR | ING N | MONTGOM | ERY MD |
| | 24 FI | UNERAL DIRECTOR FRA | ANCIS J. C | OLLINS, J | R. | 250 DAT | E REC'D BY REGISTRAR | Sh REGIS | TRARSSIGNA | . Randara |
| | 50 | OO UNIVERSITY | BLVD W S | ILVER SPR | ING, | MD 20901 00 | 1 2 9 198/ | U | O PORTOR I | |

DHMH 16 60M 7 84 (VRA 15, 4)

TO HOSPITAL

BP.



3

Speral director page 3 hin 72 hours after death

physic

injury, ar other traumatic event,

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending should be detached for use as the buriol-transit permit. Then please remove carbon with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or resiMPORTANT. If them 21 is marked or item. If shaws any injury, an other transmatic expensively.

de PHYSICIAN The

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 1 . 97 | FOR STATE REGISTRAR | | | DEP | | EALTH AND MENTAL | L HYQIENE | REG NO | , | | |
|---------------|---|---------------------------------------|-------------------|------------------------------|----------------|--|--------------|------------------------|----------------|-----------------|---------------|
| | CEASED NAME | FIRST | | MIDDLE | · · | AST | 20 | | | DAY YEAR | 2b HOUR |
| TTYPE | OR PRINT) | HELEN |] | м. | ВО | YLE | 00 | CTOBER 31 | 198 | 7 | 8:52 A.M |
| 3. SE | Х | | 4 RACE | | 5 DATE C | | 6 A | GE (IN YEARS LAST BIRT | | IF UNLER I YEAR | IF IN FR THRE |
| F | EMALE | | CAUCAS | IAN | OCTO | BER 2, 1917 | | 70 | YRS | SERVICE AV. | HI, A MIN |
| | RTHPLACE HILATE C | OR FOREIGN | 76 CITIZEN OF | | IT DVO 0 | NEVER MARRIED | 0.0 | ALTIMORE CITY O | | OF DEATH | |
| | ASHINGTON | . DC | USA | | WIDOWE | | | MONTGOMERY | 7 | | MD. |
| | ITY OR TOWN OF D | | | | URSING HOME | OR OTHER INSTITUTION | V 12a | USUAL OCCUPATION | DN _ | | F BUSINESS OR |
| S. | ILVER SPR | ING | 13809 | CH FACILITY, GIVE BETHPA | AGE LANE | | | D ASSISTAN | | N.I. | н. |
| | AL RESIDENCE HEN | 136 COU | OTHER INSTITUTION | 130 CITY OR | | 134 INSIDE CITY LIMIT | TS2 1130 | STREET ADDRESS / | 7IP CON | | |
| | ARYLAND | | GOMERY | WHEAT | | YES NO | | 13809 BETH | | | 20906 |
| 14 4 | THER'S NAME | | MIDDIE | LAS | , | 15 MOTHER'S MAIDE | | WIDDLE | | | |
| 1 | FRANK | | J. | | PHY, SR. | ANNA | | WIDDLE | | LAS | KELLY |
| | VAS DECEASED EV | | | | SECURITY NO. | 17 INFORMANT | | ADDRE | SS | | |
| | YES NO OR UNKNOWN) | (IF YES GIV | E WAR OR DATES) | 577-03 | 3-3127 | ROBERT W. | BOYLE | E/HUSBAND | SAME | AS 13 | |
| CERTIFICATION | PART 2 OTHER SI | ny, which mmediate thing the use last | DBS77 | OR AS A CONS | Pulmo | NOT RELATED TO THE | TERMINAL | DISEASE OR CONE | 20b IF YE | | NGS USED |
| TIF | | | | | | | Y | ES NO | | S 🔲 | NO 🗆 |
| | 21a ACCIDENT WAS I | CAUSE OF DE | 5113 | M MONTH | H DAY YEAR | 21c HOW INJURY OC | CCURRED | (ENTER NATURE OF INJUR | Y IN ITEM 18 I | PART TOR PART 2 | |
| MEDICAL | 21d INJURY OCCU | | 21e PLACE | M. OF INJURY REET FACTORY O | FFICE FARM ETC | 211 LOCATION STREET | | CITY OR TOV | VN | TAINTY | TATE |
| | 22a I certify that saw the dece abave, (I) (we 22b SIGNATURE | ased alive or | ottended the MAY | 14 | .19 87 | nd that in (my) and population of the population | ornion death | EDICAL STAF | F | ond from the | |
| | LAMES | A.B | DOWN | M | | 22e ADDRESS | ROIT | HYSICIAN. | | NE # | 271 |
| 23a I | BURIAL, CREMATIO | N, REMOVAL | 23b DATE | | | EMETERY OR CREMAT | | 3d. LOCATION | | OUNTY | JIAIE |
| | BUR | | | | | COLN CEMETE | | | | CE GEOR | |
| | UNERAL DIRECTOR | | | | | NE | DVORE | D. BY REGISTRAR | | | |
| 50 | O HMITTER | STTV R | I UD LI C | TIVED O | CDDING | MD 20001 | , | 130/ | - WELL | don Bino | ALUE . |

500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

DHMH 16 60M 7/84 (VRA 15, 4)

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DHMH 16 60M 7/B (VRA 15, 4)

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STATE OF MARYLAND

| nct d | 1-8 | FOR STATE PEGISTRAR | | | DEPART | | ICATE OF DEATH | IENE, REG NO | 9 9 | - 4 |
|--------------------------|---------------|--|---|-----------|--|---------------------|------------------------------------|---|--------------------------------------|-------------------------------------|
| 001 4 | DEC | EASED NAME | FIRST | | MIDDLE | Ĺ | AST | 20 DATE OF DEATH MONTH | DAY YEAR | 2b HOUR |
| | TAPE | OR PRINT) | rie | Bla | ackwell | В | risendine | October 18 | , 1987 | 5:30 PM |
| | 3 SEX | | | RACE | | 5. DATE C | OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER LYEAR | |
| | | 6 7 | | Course | aian | MONTH | ust 16, 1921 | 66 y | N JN IH JAT | HOURS MIN. |
| 0 | 7a BII | female RTHPLACE (STATE OF | FOREIGN 76 | Cauca. | WHAT COUNTRY? | 8 | | 9 BALTIMORE CITY OR COL | INTY OF DEATH | |
| 7 | | OUNTRY) | | | | | NEVER MARRIED | | | |
| 5/- | 10 CI | Georgia TY OR TOWN OF DE | | | States HOSPITAL NURSIN | WIDOWE NG HOME O | DIVORCED DIVORCED | Montgomery C | | OF BUSINESS OR |
| ₩/A | | | | | CH FACILITY, GIVE STREET | | 2 | TPHysician Type | ING LIFE) INDUSTRY | |
| - | TISUL | ROCKVILL AL RESIDENCE (# NUR | | | gswood Nu | | Center | Assistant | Medi | icine |
| 34 | | TATE | 136 COUNTY | | 13c CITY OR TOW | | 136 INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP | | 2225 |
| - | _ | Maryland | Montg | omery | Betheso | la | YES NO X | 8900 Melwood | Road | 20817 |
| 1 | 14 FA | THER'S NAME | MIL | DDLE | LAST | | 15 MOTHER'S MAIDEN NA | WIDDIE | LA | AST |
| 96 | | James | | nry | Blackwel | | Carrie | Belle | Wyatt | |
| 0 | | VAS DECEASED EVER | IN U.S ARME | | 166 SOCIAL SECT | JRITY NO. | 17 INFORMANT | ADDRESS | | |
| 1 | , , | No | | | 252-20- | 6502 | Ned H. Bris | endine same | as #13 | |
| ather troumofic event, 1 | | Conditions, if any gove rise to im cause (a), statiunderlying cous | VAS CAUSED I IMMEDIATE : , which mediate ng the | DUE TO, C | OR AS A CONSEQUENCE OF A CONS | ENCE, OF | l locals blistant n respecto | t with refasturing | BETWEEN | XIMATE INTERVAL LONSET AND DEATH |
| S any injury, o | CERTIFICATION | PART 2 OTHER SIG | | | | | NOT RELATED TO THE TERM | | F YES, WERE FINDS ERTIFYING CAUSE | INGS USED |
| 2 | RTIF | | | | | | | YES NO X | YES 🗌 | NO [] |
| 7 | | 210 ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED | CAUSE OF DEATH | | M. MONTH D .m. | AY YEAR | 716 HOW INJURY OCCUR | RED (ENTER NATURE OF IN II PY IN 18 | M 18 PART - >R PART. | |
| | MEDICAL | 21d INJURY OCCUR | HILE [| | OF INJURY REET FACTORY OFFICE | FARM, ETC.) | 211 LOCATION | CITY OF TOWN | LUNIY | * ATE |
| Z1 15 mo | | 220 I certify that (I sow the decear abave, (I) (we) | | 4 | 1 1 0 | 27.0 | nd that in (my) (Xr) apinion | to October 1 death accurred on the date and | | |
| | | 226 SIGNATURE From | lu t | Musl | Jal | ~ | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF ☐ DIRECTOR ☐ PHYSICIAN [| Oct | esigned ober 1987 |
| PORTAN | | 22d. PHYSICIAN'S N | AME (TYPE OR P | RINT) | | | 22e ADDRESS | | | |
| 2/ | | Frauke | Westnh | 21 | | | 809 Viers Mi | 11 Rd Rockvill | e Md 20 | 0851 |
| * | 23o E | SURIAL, CREMATION | | 236 DATOC | toher 123c | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | Old L |
| | (| Burial | | 21, 1 | CODEL | | n Memorial Pa | rk Rockville | Ma | ryland |
| 7/B4 | | | Robert nevy Ch | A. Pun | phrey Fu | neral | | E REC'D BY REGISTRAR 256 RE | | TURE |

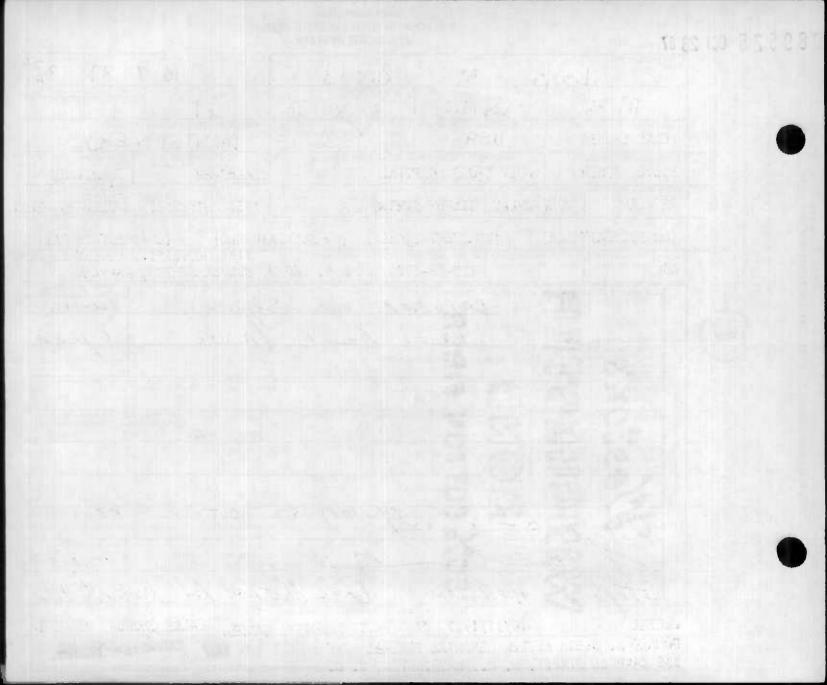
10 22 3 0 0 1 20 0 1 DET 25 957 ...

DHMH 16 60M 7/B4

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

| | לא ב | FOR STATE REGISTRAR | | DEPART | | CATE OF DEA | - | | 60 | | | | |
|---|---------------|---|--------------------------------|------------------|-------------------------|-----------------|--|------------------------------------|-----------------|------------------|----------------------------------|--------------------------------|------------------|
| 1 | | EASED NAME FIRST | | WIDDLE | LA | ST | | 20 DATE OF DE | EG NO | DAY | YEAR | 2b HOL | JR 4 ~^^ |
| | | OR PRINT) | S | M | Bi | road | | | 10 | 8 | 87 | | SAM |
| | 3 SEX | M ALE | 4 RACE | HITE | 5 DATE O | F BIRTH | YEAR 20 | 6 AGE (IN YEARS | n | IF III | THE DATE | HOURS | J HR1 MIN |
| | | NNSYLVANIA | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIED WIDOWEI | NEVER MA | RRIED - | 9 BALTIMORE O | NTGO | NTY OF | DEATH ERY | r | MD |
| | | LVER SPRING | | HOSPITAL, NURSIN | | R OTHER INSTITU | NOITU | SALESMA | | NG LIFE) | 126 KIND OI INDUSTRY FURNI | F BUSINI TURE | ESS OR |
| | NA MA | RYLAND 13h, SOU | GOMERY | STLVER | | 13d INSIDE CITY | LIMITS? | 13°1SIREEJ ADO | RESS / ZIP C | ODE Ty I | 20902 30ULEV | | WES |
|) | | THER'S NAME INASCERTAINABLE | MIDDLE (L | INASCERTA: | | | SCERTA | INABLE) | | | CERTAT | | |
| | NO | | MED FORCES? E WAR OR DATES) | 178-05- | | LEAH M. | | | MIVERS SPRIN | , | BOULE IARYLA | | ,WES |
| | | 18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE IMMEDIA) Conditions, if ony, which gave rise to immediate cause a), stating the underlying cause last | DUE TO, O | RAS A CONSEQUE | lie , | Rengi | / 7 | PAILUX | ?e | | 1 | MATE INTE INSET AND INC. | , |
| 2 | CERTIFICATION | PART 2 OTHER SIGNIFICANT (| | DNTRIBUTING TO | | | | 20a AUTOPSY | 20b II | F YES, W | ERE FINDIN | IGS USE OF DEA | TH? |
| | MEDICAL CERT | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- LIFE EITHER NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED AT WORK AT WORK AT WORK | HOUR A. | M. MONTH D. | 19 | 216 HOW INJU | | ED LENTER NATURE | | YES [| | NO [| TATE |
| | | 22a.1 certify that (I) (this hasp saw the deceased give on above (II) was defined in 22b SIGNATURE | CICT | e deceased from | ~-7 | | 19 7 ur) opinion d ENDING YSICIAN | eath accurred or MEDICAL DIRECTOR | STAFF | 19_ hour or | 22c DATE | | we) lost ated |
| / | 0 | STEPHEN | Hel | Lunas | | Le ADDRESS | Mos | TRose , | Col / | Roci | Kulle | IM | 1/ |
| | | urial, cremation, removal RTAL | | | | EMETERY OR CRE | | 23d LOCATIO CITY OF TO | FALLS | СНИК | CH, V | IRGI | ŃΊΑ |
| | 200 | NARADIMIOSTEIN H | IEBREW M | EMORIAL 1 | FUNERA | | 007 | RECD BY REGI | HRAR Sh RE | GISTRA | S SIGNAT | URE CONTROL | |
| | 40 | 2 CARROLL STREE | N. W | WASHI | WI UN, | U. C. | | | | | | | , |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWN X TIYPE OR PRINT OF В. Lillian DEATH MATED 19 87 Brodsky IF UNDER 1 YR IF UNDER 24 HRS 6 AGE (IN YEARS DATE PRONOUNCED DEAD 19 87 Jun. 11 Female White 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington D.C. U.S.A. DIVORCED Montgomery County II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTAUDED O CITY OR TOWN OF DEATH 20 USUAL OCCUPATION TYRE OF WORK NO MINDEDE BUSINESS Federal Gov't 1131 University Boulevard West, Silver Spring #1017 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 3a STATE 13b COUNTY NO 1131 University Boulevard West, Silver Spring Montgomery 15 MOTHER'S MAIDEN NAME Louis BushTow Kaminsky Anna 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 640400 Rark Hall Drive No 216-44-6817 Barry Brodsky, Laurel, Maryland 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o None 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TE, WRITING THE WORL
DRWARDED TO THE CH
R: PAGE 3 SHOULD BE U YES NO X None 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK NOT WHILE STREET CITY OR TOWN STATE KECUTE THE CERTIFICATE,
AGE 4 SHOULD BE FORW
O FUNERAL DIRECTOR: P.
FTER DEATH, WITH THE ST
ALTIMORE, MARYLAND, 2 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian Natural causes X death resulted fram Suicide Hamicide Undetermined manner ACTUAL Deputy 10/29/87 SIGNATURE MEDICAL EXAMINER 1919 Seminary Road EXAMINER'S NAME John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery County, MD TYPE OR PRINT) PA PA 234 NAME OF CEMETERY OR CREMATORY CEMETERY CHY OR Capitol Bur1a1 Beth Sholom Congregation 10/30/1987 25M DONALDOM COSTEIN HEBREW MEMORIAL FUNERAL HOME ne varidon gandale (VR A15 ME (5)) 232 CARROLL STREET, N.W., WASHINGTON, D.C.

Founda white Yun II. 1912 75

they beereful the analysis and an anima myfft.

Dargland | Montest or Silver Spring | 11 Thiverest; Boulevast west,

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. daggardier delbastage agapte

John S. Housers, H. D.

stiven and be to the converse court, the

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1 - | STATE REGISTRAR | | | | CERTIF | ICATE OF DEATH | | REG. NO | | |
|---|---------------|--|---------------------------|--|--|---------------------|--|--|---|-----------------------|-------------------|
| 4 | | EASED NAME | FIRST | N | NIDDLE | l. | AST | 20 DATE OF DE | ATH MONTH | DAY YEAR | 2b HOUR |
| | (IANE | ORPRINIAIM | edo | Ž. | D. | B | rown | 1 | 10 - | 14-87 | 930 M |
| | 3 SE) | Female | | White | | April | of BIRTH 11,1914 YEAR | 6 AGE LIN YEARS | S LAST BIRTHDAY) | MONINS DAT | HOWK, MIN |
| | | RTHPLACE ISLATEORFI CONTRY! Virginia | ORE IGN | 76 CITIZEN OF V | WHAT COUNTRY? | MARRIEI WIDOWE | D NEVER MARRIED [| 9 BALTIMORE | ONT GO | MEN Y | MD. |
| | E | Bethesda |) | (IF NOT IN SUCI | PACILITY, GIVE STREET | n H | OSDITAL | 120 USUAL OCC (TYPE OF WORK FOI HOU | CUPATION REPORTED BEWIFE | | ne |
| 2 | 13a S Ma | ryland | 13P CON | other institution ity | GIVE RESIDENCE BEFOR 13c. CITY OR TOV Bethes | VN | 13d INSIDE CITY LIMITS? YES X NO [| 12325 | charles | Road 20 | 906 |
| 7 | 14 FA | Harry Harry | | MIDDLE | Dods | on | Laura | | ronie | Simp | son |
| | | vas deceased ever yes no or unknown) No | | MED FORCES? | 213-38 | | Robert B | rown (son) | APP#813] Rockvill | Lake Ter le, Md. 2 | race 20853 |
| | CERTIFICATION | Conditions, if ony, gove rise to immr couse (a), storing underlying couse PART 2 OTHER SIGN AT EVO 19a DATE OF OPERAT | which ediote of the lost. | DUE TO, OF DUE TO, OF DUE TO, OF | sulul | DEATH BUT | ar fery T notre V 6. NOT RELATED TO THE TE Caules de N WAS PERFORMED | Calor RMINAL DISEASE O 200 AUTOPS YES N | and 20b IF Y | SWEN IN PAT THE | MS USED OF DEATH? |
| | MEDICAL CE | 716 ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 11d INJURY OCCURR WHILE NOTIFY WORK NOTIFY (I) Sow the decease obove, (I) (we) I d 27b, SIGNATURE | AUSE OF DEA | P.A. PLACE ((AT HOME STR.) tal) ottended the | M. MONTH D M. DF INJURY EET FACTORY OFFICE deceased from | 19 FARM ETC) 19 7 | 211 LOCATION 211 LOCATION STREET 19 and that in (my) (our) opini DEGREE ATTENDING PHYSICIAN | . to JO '-/ on death occurred o | ITY OR TOWN 14 - 87 In the dote and h | LOUNTY | |
| / | | TELEBURIAL, CREMATION, 1 | The | V. (| 000(| NAME OF C | 270 ADDRESS 10400 C EMETERY OR CREMATOR | on u A | he Ke | nsingfo | n, Md |
| | 24 FL | Buria. UNERAL DIRETTYSC 1331 Rocky | n Wh | 10/17/ | 87 | Ft. L | nc. | OCT 21 | ISTRAR 256 REG | , Maryla | |

DHMH = 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT: If Irem 21 is morked or Irem 18 shows ony injury, or other troumotics.

070582 NOV -

STATE OF MARYLAND

| 1 | FOR STATE | | | DEPARTA | | EALTH AND MENTAL H | GIENE " | | | 4 |
|---------------|--|-----------------|---------------------|--------------------------------|--------------|-----------------------------|--------------------------------|--------------------|------------|------------------------------------|
| 0 6 | REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG | , NO. | | |
| | LASED NAME | FIRST | ٨ | AIDDLE | L | AST | 20 DATE OF DEATH | MONTH DA | YE AR | 26 HOUR |
| | RUSS | | М | . BROV | 1 | | OCTOBER | | | 12:30AM |
| 3 SE | X | 4. | RACE | | 5 DATE C | | 6 AGE (IN YEARS LAS | T BIRTHDAY) IF | INDER FAR | IF IN) FR J HR |
| | Male | | Caucas | ian | Augus | t 23, 1903 | 84 | YRS | | |
| | RTHPLACE INTATE OR FO | OREIGN 7b | CITIZEN OF | WHAT COUNTRY? | 8 MARRIEI | NEVER MARRIED | 9 BALTIMORE CIT | Y OR COUNTY O | FDEATH | |
| | aryland | U: | nited | States | WIDOWE | | | ERY COUN | TV | MD. |
| 10 € | ITY OR TOWN OF DEA | TH 11 | | HOSPITAL, NURSIN | | R OTHER INSTITUTION | 120 USUAL OCCUP | ATION | 126 KIND (| OF BUSINESS OR |
| C | LNEY | | | MERY GENE | | OSPTTAT. | Graphic D | | | Gov't. |
| | AL RESIDENCE (IF NURSI | | HER INSTITUTION | GIVE RESIDENCE BEFORE | ADMISSION) | | Lie CYPETY APPRO | C / 710 CODE | 20900 | 6 |
| | ryland | Monta | | Silver S | | 13d INSIDE CITY LIMITS? | 130 STREET ADDRES | | | |
| _ | ATHER'S NAME | | omer j | DIEVOL D | PIIII | 15 MOTHER'S MAIDEN N | | VCIDICON | COUL | C/ #20 |
| | FIRST | MID | | LAST | | FIRST | MIDDI | | LA! | |
| 14- 1 | Arthur WAS DECEASED EVER I | | ee | Brown | | Ida 17 INFORMANT | Adel | DRESS | Car | rick |
| | YES NO OR UNKNOWN) | (IF YES GIVE W | | 217-42-4 | | Mrs. | Barbara B | . Leight | | , |
| _ | | | | | | 8809 Burdett | e Road, Be | tnesda, | | CIMATE INTERVAL ONSET AND DEATH |
| | 18 CAUSE OF DEATH PART I. DEATH WA | AS CAUSED B | ane couse per SY | Coldw | Puls | warrany 6 | PRRest" | | | edicale |
| | | IMMEDIATE C | AUSE (o) | 00,000 | 6 | | | | RACTA | 200.00 |
| | Conditions, if any, | | DUE TO, OI | TO Ph | NCE OF . | Coli Se, | 0515 | | 10 | week |
| | gove rise to imm cause to , stating underlying cause | | DUE TO, OI | RASRICONSEQUE | NCE OF | , of U | Kingry do | act wfo | 10 | week |
| NOI | PART 2 OTHER SIGN | | DITIONS CO | | Wenn | not related to the ter | MINAL DISEASE OR CO | | IN PART 1 | Franke 1 |
| CERTIFICATION | 190 DATE OF OPERAT | ION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 280 AUTOPSY? | | NG CAUSES | NGS USED S OF DEATH? |
| | 21a ACCIDENT WAS UNDE | | 21b. TIME O | FINJURY M. MONTH DA | AY YEAR | 21c HOW INJURY OCCU | | - 1 | FPART 21 | |
| CAL | OF EITHER NOTIFY MEDIC | | P. | M | 19 | | | | | |
| MEDICAL | 21d INJURY OCCURR | ED | 21e PLACE | OF INJURY EET FACTORY OFFICE F | ADAL ET | 211 LOCATION | HY O | RTOWN | CANTY | 2 A15 |
| 2 | WORK NOT WHI | LE | (ATTIONE STR | ELI FACIORI OFFICE F | ARM EICT | | | | | |
| | 220 I certify that (I) sow the decease | d alive on | 10 | 30 19 | OCC | d that in (my) (aur) opinio | 7 to 2 | e date and hour of | 87 | that (I (wet lost |
| | above, (1 (we) (d. 22b SIGNATURE | id) (did not) v | iew the body | ofter death | | DEGREE | | | 22c DATE | SIGNED |
| | 0 | |) (au | uless | mo | ATTENDING | MEDICAL SOLUTION DIRECTOR DEPT | TAFF SICIAN [| 10/3 | 7/87. |
| | 22d PHYSICIAN'S NA | ME (TYPE OR PR | J. | LAW/E | 55 | 22. ADDRESS 3801 Inte | la twool | Drene | Silva | Spring |

DHMH 16 60M 7/84 (VRA 15, 4)

BP.

O FUNERAL DIFFECTOR

ORTANT, If hem 21

or ather troumotic

230 BURIAL, CREMATION, REMOVAL Burial

November 2, 1987

230 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

23d LOCATION
CITY OF TOWN
Suitland

Maryland

25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 74 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home/
Bethesda-Chevy Chase, Inc.
7557 Wisconsin Avenue, Bethesda, Maryland 20814

(VRA 15, 4)

068211

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| OCT -9 | 87 | STATE REGISTRAR | | | DEPART | CERTIF | ICATE OF DEATH | REG N | 0 | | | | |
|--|-----------------------|--|--|--|---|---|---|---|--|--|-------------------------------|--|------------|
| | | EASED NAME | FIRST | ٨ | AIDDLE | | AST | 20 DATE OF DEATH | MONTH | DAY | YE AR | 26 HOUR | |
| | / 1 Y PE | OR PRINT) | irgin | : 1 | ee_ | 7 | 0 | | 10 | 5 8 | 87 | 3:10 | 0 |
| 15 | 1 SE) | V | | 1 RACE | C (- | 5 DATE (| OLD PE | 6 AGE (IN YEARS LAST BIR | , - | IF INDER | | IF UNDER) . | |
| 10 | Fe | emale | | Black | | June | | 54 | YRS | NON IN | DAY | HOURS | MIN |
| 0) | 70 B1 | RTHPLACE INTATE OF | FOREIGN | L CITIZEN OF | WHAT COUNTRY | 2 8 | | 9 BALTIMORE CITY O | | Y OF DE | ATH | | |
| 8 | - | ountry) ennsylvani | 9 | United | States | WIDOW | D NEVER MARRIED DIVORCED | MONTE | ome | RY | | | M |
| P | | TY OR TOWN OF DEA | | II. NAME OF H | OSPITAL, NURSI | NG HOME | OR OTHER INSTITUTION | 120 USUAL OCCUPATI | ION | 126 1 | | BUSINES | _ |
| Notified Notified | | aithorsbur | | SHADY G | ROVE ADV | ENTIS | T HOSPITAL | Deputy Dir | | | ustry cial | Ser | vi |
| 35 Personal | 130 S | RESIDENCE IF NURS | 136 COUN | other institution TY OMERY | GIVE RESIDENCE BEFOR 13c CITY OR TOV Betheso | NN | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS A 8212 Stone | | | ivo, | 208 | 17 |
| xdmuner | | THER'S NAME | ٨ | AIDDLE | LAST | | 15 MOTHER'S MAIDEN NA FIRST Alice Worsh | WE | | | LAST | | |
| 0 | | AS DECEASED EVER | | AED FORCES? | 16b SOCIAL SEC | URITY NO | 17 INFORMANT | ADDRE | 55 | | | | Mc |
| medic | No | ES NO OR UNKNOWN) | (IF YES GIVE | WAR OR DATES] | 123-26- | -9933 | David A. Bro | wne,8212 St | one T | | | Beth | 85 |
| 1 | | 18 CAUSE OF DEAT | TH (Enter anl | y ane cause per | line fail ai, ib , a | nd Icili | | | | BE | APPROXU | MATE INTERV | AI EATI |
| | | PART I. DEATH W | | E CAUSE (a) | Hepatic | Fail | uva | | | | 10 | week | S |
| other traumatic | | Conditions, if any gave rise to imicouse a), statii underlying cause | mediate ng the | (b) | R AS A CONSEQU Mctasta R AS A CONSEQU | tic (| Colorectal Co | incer | | | | | |
| njury, or other traumotic | NO | gave rise to imi cause a), statii underlying cause | mediate ng the e last | DUE TO, OF | Mctasta R AS A CONSEQU | tic (| Colorectal Co | | DITION G | SIVEN IN P | ART Iro | | |
| des gry injury, or other traumons | THICATION | gave rise to imi cause a), statii underlying cause | mediate ng the e lost NIFICANT C | DUE TO, OF | Metasta RAS A CONSEQUE DITRIBUTING TO | JENCE OF | | | 20h IF Y IN CERT | ES, WERE | FINDIN | GS USED | 17 |
| a 18 done pro la turi contrar de manten. | CERTIFICAT | gave rise to important to gave of the cause | mediate ng the e lost NIFICANT C | DUE TO, OF | Metasta R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH [| DEATH BUT | NOT RELATED TO THE TERM | 100 AUTOPSY? YES NO | 20h IF Y IN CERT | ES, WERE IFYING C YES | FINDIN | GS USED OF DEATH | 12 |
| them 18 does gray injury, or other traumants | CERTIFICAT | gave rise to important to the course of status of status of the sign of the si | mediate ng the e lost NIFICANT C VION CAUSE OF DEA DICAL EXAMINER) | DUE TO, OF | Metasta R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH [| DEATH BUT | NOT RELATED TO THE TERM ON WAS PERFORMED | 100 AUTOPSY? YES NO | 20h IF Y IN CERT | ES, WERE IFYING C YES | FINDIN | GS USED OF DEATH | 12 |
| ond Mental, the prince to toulous scenarion or the state of the Salary of the state | MEDICAL CERTIFICATION | gave rise to important to gave of the cause | mediate ng the e lost NIFICANT C ITION DERLYING CAUSE OF DEA DICAL EXAMINER) | DUE TO, OF | Metasta R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH [| DEATH BUT | NOT RELATED TO THE TERM IN WAS PERFORMED | 100 AUTOPSY? YES NO | 20h IF Y IN CERT | ES, WERE IFYING C YES B PART OR F | FINDIN | GS USED OF DEATH | 1? |
| A market at the 18 days any night, or other traumate | CERTIFICAT | gave rise to import to the cause of status and an acceptance of the cause of the ca | mediate ng the e lost NIFICANT C ITION IDERLYING CAUSE OF DEA BICAL EXAMINER) RED HILLE CONTROL ITION ITION IDERLYING CAUSE OF DEA IDEAL EXAMINER) | DUE TO, OF ONDITIONS CO 19b CONDI 19b CONDI 21b TIME O HOUR A.I P.I 21e PLACE ((AT HOME STR | Metasta R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH E M. DEFINJURY BEET FACTORY OFFICE deceased from | DEATH BUT H OPERATIO DAY YEAR 19 FARM ETC.) | NOT RELATED TO THE TERM ON WAS PERFORMED 21c HOW INJURY OCCUR 21l LOCATION STREET | 200 AUTOPSY? YES NOTE RED (ENTER NATURE OF INJUITE OR TO | 206 IF Y IN CERT | ES, WERE FIFYING C YES 3 PAR? ORF | FINDIN AUSES | GS USED OF DEATH NO | ATE |
| of Health and Mental Shapes give injury or other traumate. | CERTIFICAT | gave rise to improve the cause of the cause | mediate ng the e lost NIFICANT C ITION IDERLYING CAUSE OF DEA BICAL EXAMINER) RED HILLE CONTROL ITION ITION IDERLYING CAUSE OF DEA IDEAL EXAMINER) | DUE TO, OF ONDITIONS CO 19b CONDI 19b CONDI 21b TIME O HOUR A.I P.I 21e PLACE ((AT HOME STR | Metasta R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH E M. DEFINJURY BEET FACTORY OFFICE deceased from | DEATH BUT H OPERATIO DAY YEAR 19 FARM ETC.) | NOT RELATED TO THE TERM ON WAS PERFORMED 216 HOW INJURY OCCUR 211 LOCATION STREET 19 8 7 | 200 AUTOPSY? YES NOTE RED (ENTER NATURE OF INJUITE OR TO | 206 IF Y IN CERT | ES, WERE (IFYING C YES B PART ORF | FINDIN AUSES PART: Om the c | GS USED OF DEATH NO Italian hat (I I excuses state | ATE |
| Cast of Health ord Mental Progress 200 to toulor, scenarion or it then 21 is marked at them 28 MoVe, pay injury, or other traumants | CERTIFICAT | gave rise to im cause oil statin underlying cause PART 2 OTHER SIG 19a DATE OF OPERA 21a ACCIDENT WAS UN OR CONTRIBUTING [[IF EITHER NOTIFY MED 21d IN JURY OCCUR WHILE NOTIFY MED 22a 1 certify that (I's sow the decease obove. I was 22 SIGNATURE | mediate ng the e last NIFICANT C TION DERLYING CAUSE OF DEA CAUSE OF | DUE TO, OF ONDITIONS CO 19b CONDI 19b CONDI 21b TIME O HOUR A.I P.I 21e PLACE ((AT HOME STR | Metasta R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH E M. DEFINJURY BEET FACTORY OFFICE deceased from | DEATH BUT DAY YEAR 19 FARM EIC) | NOT RELATED TO THE TERM ON WAS PERFORMED 21c HOW INJURY OCCUR 21l LOCATION STREET 19 8 7 | 200 AUTOPSY? YES NOTE RED (ENTER NATURE OF INJUITE OR TO death occurred on the di | 20h IF Y IN CERT | ES, WERE CIFYING C YES 19 8 PART OR F | FINDIN AUSES | GS USED OF DEATH NO hat (I •• couses stat | ATE ed |
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FOR

STREGISTRAR DECEASED NAME

FIRST

- STATE

TYPE OR PRINTE

CERTIFICATION

MEDICAL

(SPECIFY)

BURIAL

marked or

If Item 21 is

MPORTANT

190 DATE OF OPERATION

STATE OF MARYLAND

uan

DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

LAST

| YG | IENE | | | | | |
|----|--|-------|-------|-----------------|----------|--------|
| | REG. NO | | | | | |
| | 20 DATE OF DEATH MONTH | DA | Y | YEAR | 26 HOL | IR |
| | 10 - | 13 | -700 | 87 | 60 | 2 M |
| | 6 AGE (IN YEARS LAST BIRTHDAY) | 1F | UNDE | RYEAR | IF UNDER | 24 HRS |
| | 65 YRS | MO | NT-15 | UAT | HOURS | MIN. |
| 7 | 9 BALTIMORE CITY OR COUN | TYC | F DE | ATH | | |
| | MONTGOMERY | | | | | MD |
| | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOMEMAKER | LIFE) | | KIND O USTRY | F BUSINI | SSOR |

| 3 3EV | TRACE | JUAILO | | O ACE (INTERNATIONAL | | | |
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| Female. | CAUCAS | IAN MONTH | 23 2Z | 65 | YRS | DAT HOURS | MIN |
| TO BIRTHPLACE (STATE OR FORE | EIGN 76 CITIZEN OF | WHAT COUNTRY? 8 | NEVER MARRIED | 9 BALTIMORE CITY OR CO | DUNTY OF DEA | TH | |
| MARYLAND | USA | | | MONTGOMERY | | | M |
| IN CITY OR TOWN OF DEATH | (IF NOT IN SUC | HOSPITAL, NURSING HOME CHEACHLITY, GIVE STREET ADDRESS) CROSS HOSPITA | | 170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOMEMAKER | | (IND OF BUSIN USTRY | ESSO |
| | | GIVE RESIDENCE BEFORE ADMISSION) 130 CITY OR TOWN SILVER SPRING | 13d INSIDE CITY LIMITS? YES NO | 13e STREET ADDRESS / ZIF 10122 BROCK | P CODE DRIVE | 20903 | |
| FRANCIS | MIDDLE E. | MUDD | 35 mother's maiden name MARY | ME MIDDLE H. | | RICE | |
| (YES NO OR UNKNOWN) (| U.S. ARMED FORCES? IF YES GIVE WAR OR DATES) | 215-46-4864 | 17 INFORMANT ROBERT A. BR | ADDRESS YAN/HUSBAND/S | SAME AS | 13 | |
| PART I DEATH WAS | CAUSED BY MEDIATE CAUSE (0) | line for 10 16 and 10 | ovefretry | anest | BE | APPROXIMATE INTE | RVAI D DE ATH |
| Conditions, if ony, w gave rise to immed cause (a), stoting underlying couse | which digite the DUE TO OI | AS A CONSEQUENCE OF | Careman | na | | 5 M | 7 S'. |
| PART 2 OTHER SIGNIE | ICANT CONDITIONS CO | INTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERM | IN AL DISEASE OR CONDITIE | ON GIVEN IN P. | ART La | |

206 IF YES, WERE FINDINGS USED

YES [NO 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21e PLACE OF INJURY 21d INJURY OCCURRED

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 21f LOCATION CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC.) STREET

NO' WHILE 220 1 certify that (1) (this hospital) attended the deceased from sow the deceosed ofive on above, (1) well (did) (did not view the body after death and that in (my (our) opinion death occurred on the date and hour and from the couses stated

226 SIGNATURE 22c DATE SIGNED ATTENDING MEDICAL M.D PHYSICIAN MIDIRECTOR PHYSICIAN

KOCH 230 BURIAL, CREMATION, REMOVAL 236 DATE

IJYPE OR PRINT

200 AUTOPSY?

23c NAME OF CEMETERY OR CREMATORY OCT 21, 1987 GATE OF HEAVEN CEM

SILVER SPRING MONTGOMERY MD

IN CERTIFYING CAUSES OF DEATH?

NO [

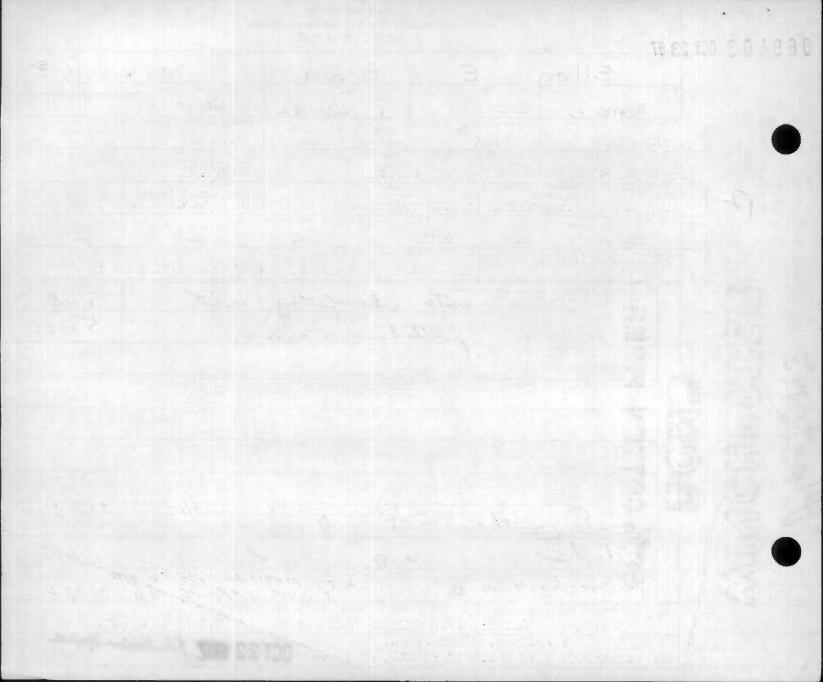
YES |

24 FUNERAL DIRECTOR FRANCIS J. COLLINS, JR. OCT 22 1987

DHMH = 16 60M 7 /84 (VRA 15. 4)

BP.

500 UNIVERSITY BLVD W SILVER SPRING, MD 20901



BP. DHMH 16 60M 7

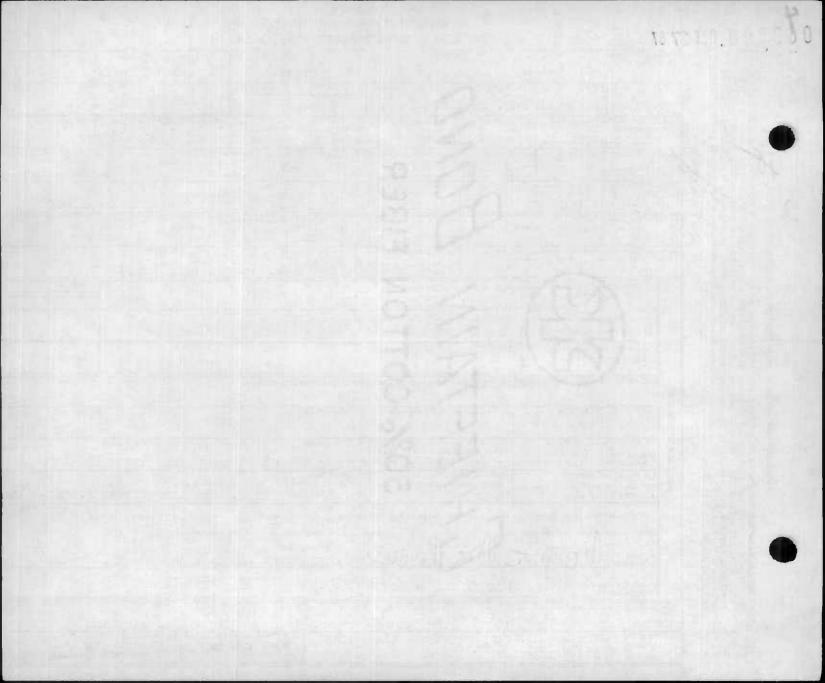
(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | · STATE REGISTRAR | DEPARTI | MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | REG NO | |
|---------------|--|--|--|---|--|
| | CEASED NAME OR PRINT) ABNEI | R PERCIVAL | BURGESS | 20 DATE OF DEATH MONTH | 29 - 1987 02: 41 |
| 3 SEX | Mo 6 | 1 RACE | Dec 20 pay 1964 | 6 AGE (IN YEARS LAST BIRTHDAY) 82 | FUNDER SEAR IF UNDER LINE |
| Wa | RTHPLACE STATE OR FOREIGN COUNTRY) ashington DC | 76 CITIZEN OF WHAT COUNTRY? USA | MARRIED NEVER MARRIED WIDOWED DIVORCED | Mentionary (| & Totempore |
| TZ | AKOMA PARK | (IF NOT IN SUCH FACILITY GIVE STREET WASHINGTON AD | VENTIST | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI FIREMAN | 1/26 KIND OF BUSINESS C INDUSTRY D C GOV T |
| 130 S MA I | RYLAND PR | ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13C CITY OR TOW DISTRIC | THE SYES NO | 13. STREET ADDRESS / ZIP COD 5504 HALLECK | STREET 2074 |
| 0 | CLARENCE] | P BURGESS | | MAY D | IPPLE ASI |
| | NAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES GI | RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 578-30- | | P BURGESS S. | AME AS #13 |
| | PART I DEATH WAS CAUSE | nly one couse per line for ia, lb on ED BY TE CAUSE Ia) ACCITE | last Ventruck | be talling | BETWEEN ONSET AND DEAT |
| ICATION | Conditions, if any, which gove rise to immediate couse ion stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION | 1/610 /rowator | | 200 AUTOPSY? 20b IF YE | VEN IN PART 1 a S. WERE FINDINGS USED IFYING CAUSES OF DEATH? |
| AL CERTIFI | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | | | 1 | ES NO |
| MEDICAL | 21d INJURY OCCURRED WHILE NO! WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE | FARM ETC.) 211 LOCATION STREET | LITY OR TOWN | VIAIL VINUO |
| | 22a I certify that (1) (this hasp saw the deceased alive of above, (1) (we) (did) (and ni | oital) attended the deceased from 19 of view the body after death | , and that in (my) (our) opinion | to to | |
| | 22b SIGNATURE | Mallen 17 | DEGREE ATTENDING PHYSICIAN 270 ADDRESS | MEDICAL STAFF DIRECTOR PHYSICIAN | 224 DATE SIGNED |
| 7 | 22d PHYSICIAN'S NAME (TYPE | Callan | 83/ 1/11/14 | arrity Bled. E. | Silvar Gring |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE BATE GISTRAR REG NO DATE KNOWN OF DEATH MATED ANN NANCY 4 RACE 24 HOUR 2c DATE YOUR I LAST BIRTHDAY PRONOUNCED Caucasian Feb. 21,1953 34 DEAD 4:58a 2 2 10 - 17 - 89776 CITIZEN OF WHAT COUNTRY? O BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY United States Montgomery County Massachusetts PAGE 5 BE FILED. 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MO T OF WORKING LIFE Bethesda Suburban Hospital Sales Advertising SUAL RESIDENCE HEINN ITUTION GIVE RESIDENCE BEFORE ADMISSION a STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO 3412 Park Hill Place/22030 None Fairfax Virginia FATHER'S NAMI 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Mae Johnson Burgoyne George 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 375-60-4696 David DeConcini, same as #13 TRANSIT PERMIT PACTOR NITH INTAL HYGIENE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 HEALTH TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED. ATER DEATH, WITH THE STATE DEPARTMENT OF HE BATTER DEATH, WALL THE STATE DEPARTMENT OF HE BATTER DEATH. 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XOR CONTRIBUTING CAUSE OF DEATH 4:15 M. 10-17-87 driver of auto/auto(s) head-on collision 21e PLACE OF INJURY (AT HOME 21f LOCATION 21d INJURY OCCURRED STREET FACTORY, FARM, ETC 1 WHILE NOT WHILE Rt. 270 % mile S. old Georgetown Rd. Mont. Co. hawv. 220 I certify that I took charge of the remains described above, held on Inspection X Homicide Undetermined manner deoth resulted from Notural causes Arrident TITLE (SPECIFY ACTUAL DATE 10-18-87 Assistant Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL CREMATION, REMOVAL 236 DATE 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION Oct. Cremation 19, 1987 Montgomery Crematorium Bethesda, Maryland 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home/ 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Bethesda-Chevy Chase, Ific. Dendern Landale (VR A15 ME (5)) 7557 Wisconsin Ave. Bethesda, MD



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE/

| 4 5 | 8 1 | NOV | 1 67 | FOR STATE REGISTRAR | DI | | EALTH AND MENTAL HYG | REG. NO. | |
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| | | | I DE | CEASED NAME FIRST | homas MIDDLE | F. | Ast Burke | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR AM |
| 3 | oge 3 | | TYPE | OR PRINT THOMA | 5 7 | E | URKE | 10-2 | 7-1987 9 1 |
| | pod er de | | 3 SE | × | 4 RACE | 5. DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY) | IF INDER YEAR IF INDER JARY |
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| 3 | hou | -5 | 7a 81 | RTHPLACE TATE OR FOREIGN | 76 CITIZEN OF WHAT COL | UNTRY? 8 | D NEVER MARRIED | 9 BALTIMORE CITY OR COUNT | Y OF DEATH |
| | nero | A X | | Mass. | USA | WIDOWI | | MONTGON | MERY MD. |
| | with with | led / | 10 C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, | | OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 126 KIND OF BUSINESS OR |
| 5 | filed | 10 | 5 | VERSPRING Md | CARRIAGE | A A A A A A A A A A A A A A A A A A A | VS CENTER | LAWYER | Pvt. Practice |
| | d in | | USU, 13g S | AL RESIDENCE (IF NURMING HOME OR | | OR TOWN | | 13 STREET ADDRESS / ZIP COD | DE 0. 9494 |
| *7 | tille | 1 | W | ASH DC | | SH.DC. | YES NO | 1426 Laurel | e st.N.W.20016 |
| | etely 12 st | all | 14 FA | ATHER'S NAME | MIDDIE I | LAST | 15 MOTHER'S MAIDEN NA. | ME | LAST |
| ם ט | John | X | | John Ed | dmund Bur | rke | Julia | | Moakley |
| , a | Ses > | dicol | | VAS DECEASED EVER IN U.S. ARI | MED FORCES? 166 SOCI | AL SECURITY NO. | 17 INFORMANT | 1030PRBruns | |
| D D | S. Pa | me | | Yes WW | | 52-4040 | A Loretta Jo | hns, Silver Spri | |
| 2 | Sper | t, th | | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE | ly one couse per line far to | . 1b . and ic / | 1/// | 1 11 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | d b d b | | | | E CAUSE (a) CPh | e oral o | ascular, | AccideNT | bdays |
| | corb | ofic | | | DUE TO, OR AS A CO | NSEQUENCE OF | 11. 1. | / | 10 60 |
| 5 : | offe | 0 | | Conditions, if any, which gave rise to immediate | (16) (e) | ebral | ANTENIOSC | lerosis | 10 years |
| - | e ren | the contract of | | cause a, stating the underlying cause last | DUE TO, OR AS A CO | NSEQUENCE OF | | | / |
| 2 | oleos | . 0 | | | (c) | | | | |
| 5 | hen p | lory. | Z | PART 2 OTHER SIGNIFICANT C | CONTRIBUTI | NG TO DEATH BUT | NOT RELATED TO THE TERM | AINAL DISEASE OR CONDITION G | IVEN IN PART TO |
| > | een T | 2 2 | ATIO | 190 DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATION | NE AUE / | 200 AUTOPSY 20b IF Y | ES, WERE FINDINGS USED |
| , c | perm | 1 | CERTIFICATION | | | | | INCERT | IFYING CAUSES OF DEATH? |
| SICIO | ons it | 8 sho | ERT | 210 ACCIDENT WAS UNDERLYING | | | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 8 | |
| phy | al-tro | E / | | OR CONTRIBUTING CAUSE OF DEA | | ITH DAY YEAR | | | |
| ding | buric | or He | MEDICAL | THE EITHER NOTIFY MEDICAL EXAMINER | P.M. 21e PLACE OF INJURY | | 211 LOCATION | | |
| tten | the the | ked | W | WHIE NO WHILE AT WORK | (AT HOME STREET FACTORY | OFFICE FARM ETC) | STREET | CITY OR TOWN | YIAIL YIAIL |
| ã ë | Se os | E 0 | | 220 I certify that (I) (this hospi | tal) attended the deceased | from aug | 15 19.75 | 10 Oct 27 | 19 that I (we) last |
| lotto | TO P | 21 (\$ | | saw the deceased alive an | 01217 | _1907 /0 | nd that in (my) (our) opinion | death occurred on the date and ho | our and from the couses stated |
| hosp | REC hed f | e a | | obove (I) we (did) (did no | yiew the body after death | 0 0 | DEGRAN | | 220 DATE SIGNED |
| the c | etoc | = = | | (heels | / dance | Sty M | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 10/27/87 |
| d by | be d | AN | | THE ICIAN'S NAME (TYPE O | RPAINT | 1 | 22e ADDRESS | -110 | 1 1/2 |
| Dine | ould the | POR | | A.Neill | Ken) Nole | Hy | 1145-19th | 8. h.W., Wan | W.C. 20056 |
| 1 | D 4 | 3 2 | 23o 8 | BURIAL, CREMATION, REMOVAL | 23b DATE | | EMETERY OR CREMATORY | 23d LOCATION | |
| BP_ | 4 | 4 | | Burial | 11/2/87 | | ry's Cemetery | Lynn, Mass | • ATE |
| 1 | 1000 | M 7/84 | 24 FI | UNERAL DIRECTOR Joseph | | | 250 DAT | E REC'D BY REGISTRAP 256 REGIS | |
| | A 15, | | 5 | 130 Wisconsin A | ve, NW, Washing | gton, D.C. | 20016 NOV | U 0 198/ 9 | SA OFFICE AND A SECOND |

DY LEAS REV-987-THORIES TO BERKS 20- STANDS OF Charles of the control of 1-17Notes 450 - 17Notes 1 en west was to the first that we then the west of the problem ACCEPTED TO THE STATE OF THE ST John Dinumi Burke Julia - Roskiey Louisias Ck Ave. Yes THIT LEWIS CONSTRUCTION STATES ANTING, RU 2090R

1 11/2/87 St. Harr's Cometors Lyon, Mass.

Joseph Gavler's Sons, Inc.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO DECEASED NAME DATE KNOWN OF DEATH MATED DATE 190 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Sab 20851 14 FATHER'S NAME 60 WAS DECEASED EVER INJU.S. ARMED FORCES? 16b SOCIAL SECURITY NO LIF YES GIVE WAR OR DATES! 18 CAUSE OF DEATH (Enter only one couse per line for (o) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a) stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOL 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 21 HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED AT WORK NOT WHILE 27a I certify that I took charge of the remains described above held on Maturol causes deoth resulted from: Accident Suicide L Homicide Undetermined manner TO FUNERAL DIRECTOR AFTER DEATH, WITH BALTIMORE, MARYL THUE (SPECIFY) 230 BURIAL, CREMATION, REMOVAL 236 DATE 10-9-87 Lincoln Park Cem. Burial Rockville, Montg. J7 84 BP.

George R. Snowden Rockville, MD 20850

25M

DHMH 17

(VR A15 ME (5)

24 FUNERAL DIRECTOR

10 18 300 - FP 1 301 A TREATED TO STATE OF THE PARTY OF THE PARTY

DHMH 16 60M 7/B4 (VRA 15, 4)

Nirbeck Cemetery

STATE OF MARYLAND

CITY OF TOWN

250 DAJE REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

220 DATE SIGNED

2b HOUR

126 KIND RESISTED

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1 4 000

State Dept.

07018

filled in

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ar other troun

TO FUNERAL DIRECTOR. Atter this certificate has been signed by the otten should be detached for use as the buriol-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to buriol, cremation.

DHMH 16 60M 7/84 (VRA 15, 4)

offending physician

IMPORTANT If Item 21 is morked or Item 18 shows ony

FOR STATE REGISTRAR TO DET 29 TO PRINT

MALE

STATE OF MARYLAND

CADEAUX

AUGUST 2, 1904

WIDDLE

MARCEL

CAUCASIAN

DOLPHE

4 RACE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE / CERTIFICATE OF DEATH

REG. NO

YRS

YEAR

26 HOUR

20 DATE OF DEATH MONTH

6 AGE (IN YEARS LAST BIRTHDAY)

83

| | RTHPLACE (STATE OR FOREIGN OUNTRY) | 76 CITIZEN OF | WHAT COUNTRY? | 8 A DDIE | M NEVE | R MARRIED | 9 BALTIMO | RE CITY OR COUNT | Y OF DEATH | |
|---------|---|-----------------|-------------------------------------|-----------------|---------------|------------------------|----------------------|---------------------------------------|-----------------------------------|---------------------------------------|
| | MORROCO | U.S.A | ١. | WIDOWE | | DIVORCED [| М | ONTGOMERY | | MD |
| CI | TY OR TOWN OF DEATH | | HOSPITAL, NURSIN | | R OTHER IN | ISTITUTION | 120 USUAL (| OCCUPATION KEOR MOST OF WORKING II | | OF BUSINESS OR |
| | CKVILLE | HEBREW | | | ER WAS | HINGTON | BUSIN | ESS OWNER | HAI | R. PRODUCTS |
| | AL RESIDENCE LIF NURSING HOME OR STATE 136 COUNTY 136 COUNTY | | UASHINGT | N | 13d INSIDE | CITY LIMITS? | 13e STREET A 4200 | ADDRESS / ZIP COD CATHEDRA | L AVE | 16) #804 |
| FΑ | THER'S NAME | M IODI E | IAST | | 15 MOTHE | R'S MAIDEN NAM | ΛE | MIDDLE | | 124 |
| | JACOB | | CADEA | UX | | RACHEL | | | AZOU | LAY |
| 0 V | VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES GIV | MED FORCES? | 166 SOCIAL SECU | | | CADEAUX; | | AWASHING IDAHO AVE | TON, D., NW, # | .C. 20016 124 |
| | 18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT | | Ine for 101, 161, and | on | as | urt | | | APPRO BETWEE | DXIMATE INTERVAL N ONSET AND DEATH |
| | Conditions, if ony, which | DUE TO, O | RAS A CONSEQUE | NCE OF | C | arciner | na, | | | |
| | gove rise to immediate cause (a), stating the underlying cause last | DUE TO, O | r as a conseque | INCE OF | | | | | | |
| 200 | PART 2 OTHER SIGNIFICANT O | u Va | ontributing to a | J) 1 C | NOT RELATI | ED TO THE TERM | Calu | E OR CONDITION GI | VEN IN PARI | ülure |
| IIFICAL | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERI | FORMED () | 200 AUTO | IN CERTS | S, WERE FIND FYING CAUSI ES | DINGS USED ES OF DEATH? NO |
| AI CEK | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | HOUR A. | DE INJURY M. MONTH DA M. | YEAR | 21c HOW | INJURY OCCURR | ED (ENTERNA | TURE OF INJURY IN ITEM IB | PARI)R PARI. | |
| WEDI | 21d INJURY OCCURRED WHITE NOT WHITE AT WORK | 21e PLACE | OF INJURY REET FACTORY OFFICE F. | ARM ETC) | 211 LOCA | | | CITY OR TOWN | YIMIY | 1A1E |
| | 220 I certify that (I) (this hospi | 1 / | 1 1 | 07 | 1/1 | 10,86 | 7 to | 10/25 | 19 8 7 | that I (we last |
| | sow the decrised live on obove, (I) we (did (did no | t view the body | ofter death | <u>D</u> (. or | id that in (m | y (our) dpinion o | eoth occurre | d on the date and ho | ui and from th | he causes stated |
| | Merly | r Ve | emmi | 4/ | DEGREE | ATTENDING PHYSICIAN | MEDICAL DIRECTOR | STAFF PHYSICIAN | 221 DA | 1E SIGNED /87 |
| | MERLYN | VE. | MURY | MD | 22e ADDR | ESS HER | BREN | HOME | OF GR | ENTER |
| Bo E | SURIAL, CREMATION, REMOVAL | 23b DATE | 23c N | AME OF C | EMETERY O | RCREMATORY | 23d LOCA | ATION OR TOWN | LOUNTY | MAIE |
| | BURIAL | 10/26/ | | | EBANON | | A1 | DELPHI | | MARYLAND |
| FL | INERAL PANZANSKY-GO | OLDBERG | MEMORIAL | CHAPI | ELS, IN | IC. 250 DATE | REC'D BY R | EGISTRAR 256 REGIS | | |
| | 1170 ROCKVILLE | PIKE; F | ROCKVILLE. | MD : | 20852 | 00 | 128 | 1097 | Dindyn | n. Kandass |
| | | | | | | | | | | |

OR ATTENDING PHYSICIAN The law

etained by the haspital ar

BP.

DHMH 16 60M 7/84

(VRA 15, 4)

TO HOSPITAL

TO FUNERAL DIRECTOR, After this certificate h should be detached for use as the burial-transit p with the State Dept. of Health and Menta-Kryguer IMPORTANT: If them 21 is marked affecting 18 should

067893 001

he Runeral director page 3 within 72 hours after death

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGJENE /

| - | Q B | 7EGISTRAR | | CEKTIF | ICATE OF L | EAIN | REG. NO | | | | | |
|---|---|---|--------------------------------|--------------------------|-------------------------|-----------------|------------------------|---|---------------------|-----------------|--|--|
| | | CEASED NAME ARA FIRST MA | MIDDLE | CAHILL | | | 20 DATE OF DEATH MONTH | 2b HOUR | | | | |
| | | | DIE | CAHTIL C.S.C | | | 10/02/87 | | 5:13 M | | | |
| | 3 SE) | | | | | OF BIRTH | _laslalı_ | 6 AGE (IN YEARS LAST BIRTHDAY) | IF INDER FEAR | | | |
| | I | FEMALE CAUCASION | | | 09/23/06 YEAR | | | 81 _{YR} | MCN 115 DAT | HUJE MIN | | |
| 2 | | RTHPLACE ("ATE OR FOREIGN COUNTRY) | 76 CITIZEN OF | WHAT COUNTRY? | 8 | NEVED ! | AAPPIED V | 9 BALTIMORE CITY OR COU | NTY OF DEATH | | | |
| | T | EXAS | USA | | MARRIED NEVER MARRIED X | | | MONTGOMERY | | | | |
| | BETHESDA 11. NAME OF HOSPITAL, NURSING STREET, SUBURBAN HOSPITAL SUBURBAN HOSPITAL | | | | | R OTHER INS | ITUTION | 120 USUAL OCCUPATION | | OF BUSINESS OR | | |
| | | | | | | | | NUN RELIGIOUS | | | | |
| | 13a S | AL RESIDENCE (IF NURSING HOME OF | 1TY | 13c CITY OR TOWN | ADMISSION) | 13d INSIDE C | ITY LIMITS? | 1 | | | | |
| Ц | | | GOMERY | KENSINGI | ON | YES 🗌 | NO [] | | RE AVE/20 | AVE/20095 | | |
| 3 | 14 FA | FATHER'S NAME FIRST MIDDLE LAST | | | | | FIRST | AE MIDDLE | MIDDLE LAST | | | |
| 1 | | EDWARD | | CAHILL | | | ARY | | DILL | ION | | |
| | | VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GIV | MED FORCES? E WAR OR DATES) | 166 SOCIAL SECUI | RITY NO | 17 INFORMA | NT SUPE | RIOR | | | | |
|) | N | 10 | | 202-38- | 6293 | SISTER | F AS 13 | | | | | |
| 7 | | 18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE | ily one cause per D BY | line for ia , ib nano | l (c | 1 | 1 | | BETWEEN | XIMATE INTERVAL | | |
| | | | E CAUSE (a) | Chry | and . | len | es/r | 7 | 30 | mas | | |
| - | | | DUE TO, O | R AS A CONSEQUE | NCE OF | 1 | 0 1 | んよん | 10 | 1-1-1 | | |
| 0 | | Conditions, if any, which gove rise to immediate | (b)_ | 1600 | -17- | den | Er p | The many line | | 1 mg | | |
| | | cause (a), stating the underlying couse last DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| 1 | | | (c) | | | | | | | | | |
| J | NO | PART 2 OTHER SIGNIFICANT | -ONDITIONS <u>CI</u> | DUTKIROTING TO D | EAIH BUI | NOT RELATED | TO THE TERM | INAL DISEASE OR CONDITION | GIVEN IN PART I | a | | |
| 2 | CERTIFICATION | 190 DATE OF OPERATION | 19b COND | ITION FOR WHICH | OPERATIO | N WAS PERFO | RMED | 20a AUTOPSY? 20b IF | YES, WERE FIND | INGS USED | | |
| 4 | TIFI | | | | | | | YES NOD | YES TO AUSE | NO [| | |
| I | | 210 ACCIDENT WAS UNDERLYING | 110110 4 | OF INJURY M. MONTH DA | Y YEAR | 21c HOW IN | JURY OCCURR | ED (ENTER NATURE OF INJURY IN ITEM | 18 PART (IR PART 2) | | | |
| Ц | MEDICAL | OR CONTRIBUTING CAUSE OF DEA | NIII | м | 19 | | | | | | | |
| | (ED) | 21d INJURY OCCURRED | | OF INJURY | ARAA ETC 1 | 211 LOCATIO | N | CITY OR TOWN | OUNTY | HAIE | | |
| | ~ | AT WORK A WORK | | | | | 30 | 7 () | 63 | | | |
| | | 22a L certify that (1) (this hospi | | e deceased from | _) | | 19 / 3 | 10 /0/2- | - 10 F | that we less | | |
| | | | to view the body | after death. 19.4 | 7 or | nd that in (my) | opinion o | death occurred on the date and | hour and from the | e couses stated | | |
| | | The SHOPMANIE | - | 124 | 6. | DEGREE | ATTENDING | , MEDICAL STAFF | 22c DATE | E SIGNED | | |
| - | 1 | Lan | 4 | | Ju | // | PHYSICIAN | DIRECTOR PHYSICIAN | 9/ | 991+ | | |
| / | 1 | THE PHYSICIAN'S NAME (OR S | 11 0 | , , , | | The ADDRES | h -1 . | 101 100 11 | 6 00 | 113,000 | | |
| | | TICIMIN | ancin | 11 mi, | | 7711 | 1480164 | PLINUTY, 19 | church | 0600 | | |
| | 11113 | IURIAL CREMATION, REMOVAL | 23b. DATE | 23c N | IAME OF C | EMETERY OR | | 23& LOCATION CITY OR TOWN | YINUGO | STATE | | |
| | | NURTAL UNERAL DIRECTOR TO LING. | 10CT.5, | 1987 MT. | OLIV | VET CEM | ETERY | WASHINGTON, EREC'D. BY REGISTRAR 200 BEC | D.C. | D IDC . | | |
| | 24 10 | NAME FRANCI | | LLINS | | | 00 | T 07 1007 | Devidon | PONSIONE | | |
| | 50 | 500 UNIVERSITY BLVD. W. SILVER SPRING, MD. 20901 UCI UI 981. | | | | | | | | | | |

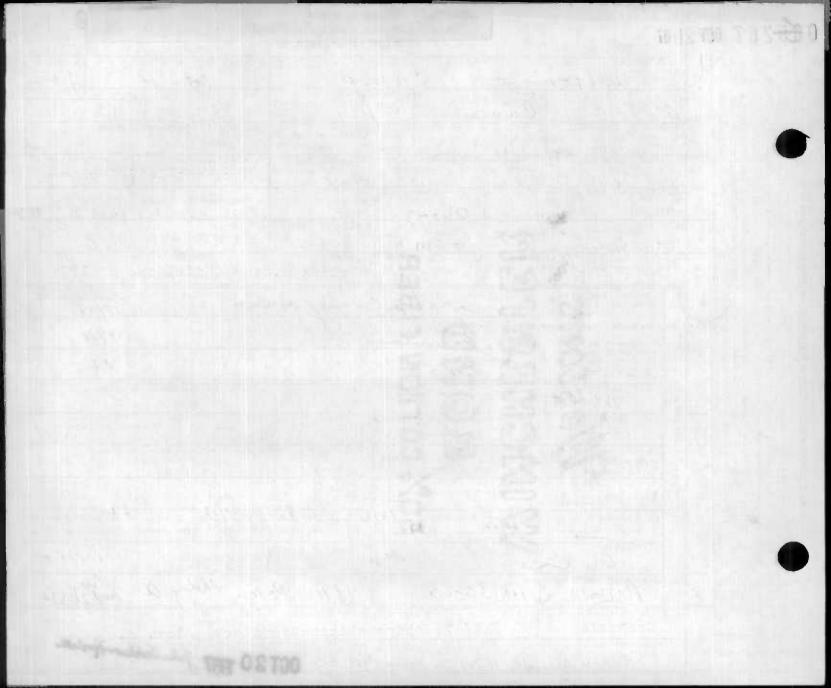
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DHMH 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE/ CERTIFICATE OF DEATH

| DIENE/ | Cm. | 9 | 900 | 0 | . 8 | |
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| DICIVE- | | | | | | |

| | 1 | REGISTRAR CERTIFICATE OF DEATH | | | | | | | | | | |
|---|---------------|--|------------------------------|-------------------------------------|-----------|-------------------------------|------------------------------|--------------------|---------------|---------------------------------|--|--|
| | | CEASED NAME FIRST | ٨ | AIDDLE | LA! | ST | 20 DATE OF DEATH | 26 HOUR | | | | |
| / | | Walter | | C | an | P | Oct: 18 87 42 | | | | | |
| | 3 SE | X | 1 RACE | . 5 | DATE OF | BIRTH | 6 AGE (IN YEARS LAST BIR | THDAY) IF | UNDER YEAR | IF UNDER 21 HRS | | |
| | // | 1a/e_ | Cau | | 5/ | 19/04 | X3 YRS | | | | | |
| 7 | 110 | COUNTRY | 6 CITIZEN OF V | WHAT COUNTRY? | MARRIED | NEVER MARRIED | 9 BALTIMORE CITY | R COUNTY OF | DEATH | | | |
| - | | Amburg, bermann | US A | | VIDOWED | DIVORCED DIVORCED | Muntgem 120 USUAL OCCUPAT | | 101 101 10 01 | MD | | |
|) | 5.4 | mdy Spring | | FACILITY, GIVE STREET ADD | | Home. | Merchan | | Emp 1 | Loyed | | |
| , | USU, 13a S | AL RESIDENCE (IF NURSING HOME OF C | | 130 CITY OR TOWN | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | / 7IP CODE | | Sande | | |
| (| | nD. Mon | timen | Olemen | | YES NO | 1.0 | uaker | Lane | B-4 Spril | | |
| A | 14 FA | ATHER'S NAME | NDDIE. | , LAST_ | _ | 15 MOTHER'S MAIDEN NA | ME MIDDLE | | 41457 | 20860 | | |
| d | 1 | AUG USI | / | * HAN. | 1- | HONES | | u | VILL | | | |
| 1 | | WAS DECEASED EVER IN U.S. ARA YES NO OR UNKNOWN] (IF YES GIVE | MED FORCES? WAR OR DATES! | 166 SOCIAL SECURIT | YNO | IT INFORMANT | ADDRI Comm (III & | | a - 1 | 2 E | | |
| | | UNK | | 3 77-10- | 4481 | rrieda M. | Camp (Wif | e)Same | | 1.3E | | |
| | 1 | 18 CAUSE OF DEATH (Enter online PART I DEATH WAS CAUSED | y one couse per l | line for ia . (b and ia | . 1 | | 1.0 1- | | 1. | NATE INTERVAL NSET AND DEATH | | |
| 1 | r | IMMEDIATE | CAUSE (a) | Co soci | ful | ming or | | | 10/1 | 8 | | |
| | | | DUE TO, OR | AS A CONSEQUENCE | E OF . | | | | 10/18 | , | | |
| | | Conditions, if any, which gave rise to immediate | | 7.0 | | | | | | | | |
| | | cause (a), stating the underlying cause last | | 86 | | | | | | | | |
| | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 | | | | | | | | | | |
| | NO | marty | | | | | on con | DINOIT ON EIT | AT ART TO | | | |
| 1 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDIT | TION FOR WHICH OP | ERATION | WASPERFORMED | 20a AUTOPSY? | 206 IF YES, W | | | | |
| / | RTIF | | | | | YES NO | ING CAUSES OF DEATH? | | | | | |
| 1 | | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT | 216 TIME OF | MONTH DAY | YEAR | 21c HOW INJURY OCCURE | RED (ENTER NATURE OF INJU | RY IN ITEM IB PART | OR PART 21 | | | |
| | ICAL | LIF FITHER NOTHEN MEDICAL EXAMINER) | PA | | 19 | | | | | | | |
| | MEDICAL | 21d INJURY OCCURRED | 21e PLACE C | OF INJURY ET FACTORY OFFICE FARM | | 211 LOCATION | (ITY OP TO | WN | COUNTY | PATE | | |
| | | A' WORK | | | 727 | 0, | 10/11 | | 9 7 | | | |
| | | 22a I certify that (I) (this hospital saw the deceased alive on | 10/17 | deceased from | 12/ | 19.6 | to to | 19 | | hat (I) (we) lost | | |
| | | above, (I) (me) idid (did not | view the body o | after death | | that in (my) (our) opinion of | dearn occurred on the de | ate and hour an | | | | |
| | | an | F | 10/10 | 5/67 | | | | | | | |
| | | 224 PHYSICIAN'S NAME (TYPE OR | / / | | | PHYSICIAN 22e ADDRESS | POTRECTOR PHYSIC | 3 | Of an | , | | |
| | | MMTHIR C | CATSEN | 6000 | | 18/11 Pr | ma rad | 72 | hed? | 6x32 | | |
| | | BURIAL CREMATION REMOVAL | 23b DATE | | AE OF CEA | METERY OR CREMATORY | 23d LOCATION | | | | | |
| | | Cremation | 10/1 | 9/87 Me | trop | olitan Cre | matory A | lex.Va | DUNTY | TATE | | |
| | 24 FU | JNERAL DIRECTOR | | ADDRE | | 250 DATI | E REC D BY REGISTRAR | 256 REGISTRAF | S SIGNOLIU | Julie 1 | | |
| | | HIENSE Riam | Med 113 | Too New Har | most | use Air. OCT | 2 0 4007 2 | which wand | | 8 | | |



STATE OF MARYLAND

| | | 1 - | STATE REGISTRAR | | | DEPARTA | CERTIF | ICATE OF DEATH | REG. N | 0 |) | 7 |
|-----------|---|---------------|--|--------------------------|---------------------------|---|-------------------------|--------------------------------------|--|----------------------------------|---------------------|--------------------------------------|
| 695 | 5 OCT | | POT | FIRST | , | MIDDLE | | AST | 20 DATE OF DEATH | | AY YEAR | 26 HOUR ar |
| 404 | 0.0 | 3 SE) | TANTAL T | | 4 RACE | | CAMPRETI. | | 10/15/87 | THDAY) | IF INDER YEAR | FINDER AME |
| 4 | s afte | | | | Con | _ | MONTH DAY YEAR 10/03/17 | | 70 YRS | | | HOURS MIN |
| Pog | dere dere | 7a. BI | male RTHPLACE TATE OR FO | REIGN 7 | Cau L CITIZEN OF | WHAT COUNTRY? | 8 | | 9 BALTIMORE CITY O | | OF DEATH | |
| 1176 | 77 | | New Yor | k | USA | | WIDOWE | D X NEVER MARRIED DIVORCED | MONTHOOMEDON | 7 (20 1770 7 | 10.000 | THOMAS AND |
| AX | noufied o | 10 CI | TY OR TOWN OF DEAT | | | HOSPITAL, NURSIN H FACILITY, GIVE STREET | G HOME C | OR OTHER INSTITUTION | MONTGOMER 12a USUAL OCCUPATI LIVE OF WORK FOR MOST C Retired Tre | ION | 126 KIND O | THESDA MD. F BUSINESS OR THESON CO |
| M. | Se no | P P | ETHESDA AL RESIDENCE (IF NURSIN | | | N HOSPITZ | | | itenied ile | asux ee | 1.0.00 | muson Co |
| n 24 ho | filled booking | 13a S | Maryland | 36 COUN | gomery | 13c CITY OR TOW | N | 134 INSIDE CITY LIMITS? | 9211 Villa | Drive 2 | 20817 | |
| 194 | A 2 st | 14 FA | THER'S NAME | 2 + | NDDIE | CI LAST 1 | - 11 | 15 MOTHER'S MAIDEN NA | ME | | LAS | 1 |
| 20 | omple example | | George | MiÎ | ler | Campb | | Ethel | | | rittain | |
| x x e c | T 80 0 1 | | VAS DECEASED EVER IT (ES NO OR UNKNOWN) Yes | | | 16b SOCIAL SECU | | 17 INFORMANT | ADDRE | | 120 | |
| 8 9 | s. Poge | | Yes | WW | F WAR OR DATES) 579-07-26 | | | Lois S. Cam | pbell (wife) same as 13e | | | |
| .2 5 | physici inpoper imovol. | | PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE TO ACUTE MYOCARDIAL INFARCTION APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WYOCARDIAL INFARCTION CHOURS | | | | | | | | | HOURS |
| 1000 | corbo or re | | DUE TO OR AS A CONSEQUENCE OF | | | | | | | | | |
| Pay | atter atton, roum | | Conditions, if ony, which gove rise to immediate (16) CORONARY ARTERY DISCASE (15) YEARS | | | | | | | | YEARS | |
| | y the e ren crem ther t | | couse (a), stating underlying cause | the | DUE TO, OI | r as a conseque | NCE OF | | | | | |
| s tho | pleos prial, or o | | | | ONDITIONS CO | ONITRIBILITING TO F | SEATH BUT | NOT RELATED TO THE TERM | AINAI DISEASE OD CON | DITION GIVE | NI INI DART 1 | |
| | Then Then to by | NO | TAKE 2 OFFICE STORE | II ICAITI C | 0110113 <u>cc</u> | ZIVIKIDO INIVO TO L | ZEATH BOT | NOT KEENTED TO THE TERM | MINAL DISEASE ON CON | DI 1014 014 E | | |
| ne low re | permit permit ene prior | CERTIFICATION | 19a DATE OF OPERATI | ON | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b IF YES, IN CERTIFY YES | WERE FINDING CAUSES | OF DEATH? |
| Z Z Z | Cote ronsit Hygic | CER | 21a. ACCIDENT WAS UNDE | | 216 TIME O | | V VEAD | 21c HOW INJURY OCCUR | | | | |
| 2 Sold | certification in the military of the military | AL | OR CONTRIBUTING CA | | H HOUR A. | m. month da m. | 19 | | | | | |
| HYS HYS | A Me | MEDICAL | 21d INJURY OCCURRE | | 21e PLACE | OF INJURY | | 21f LOCATION | Lity OR 10 | own | NTY | 1.415 |
| 300 | ter to the honder the d | 8 | AT WORK AT WORK | E 🗆 | JAI HOME SIK | REET, FACTORY, OFFICE F | ARM EIC) | 7,700 | | | | |
| 200 | S mo | | 22a.1 certify that (1) (| this hospit | ol) ottended th | e deceased from_ | - | , 19 79 | . 10_/0//5 | 1 | 9 87 | that (we) lost |
| TTE | tor of H | | sow the deceased | sow the deceded olive on | | | | | | | | |
| the hos | L DIRECTOR Tached e Dept | | 27h SIGNATURE | 6 | Valen | me | 7 | DEGREE ATTENDING | MEDICAL STA | FF Class | 22c DATE | SIGNED |
| PITA | Stot ANT | | THE PHYSICIAN S NA | ML JUTPY OR | ZKIIYI J | , /// | | | | | | |
| O HOSE | should be deto with the Stote (IMPORTANT: If | | LEWIS | | LIPSO | |) | Chevy Chas | | 20815 | | |
| BP. | - 0 > 5/ | 23a E | SPECIF Burial | EMOVAL | 10/19 | | | emetery or crematory Heaven Cemet | tery Silve | r Sprin | ng, Mar | yland |
| | | | | | | | | T | | 1 | | |

DHMH = 16 60M 7/84 (VRA 15, 4)

²⁴ FUNERAL DIRECTION Heeler Funeral Home, Inc. 1331 Roskville Pike, Rockville, Md. 20852

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

volt surestoff as to the test as to the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 25 TBT ASED NAME O DATE KNOWN X OF DIRECTOR OUR FILES. C 172 HOURS William DEATH MATED Andrew 19 4 RACE DATE OF BIRTH 6 AGE IN YEARS IF UNDER 1 YR IF LINDER 24 HRS 2c DATE PRONOUNCED 10 87 51 YRS Male Black TO THE FUNERAL D N PAGE 5 FOR YO BE FILED, WITHIN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE IN ALE OR MARRIED NEVER MARRIED X IRGINIA DIVORCED WIDOWED Montgomery County II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE 1707 Hampshire Green Lane, #32 AND P. BE. Silver Spring LABORER CONSTRUCTION 13d INSIDE CITY LIMITS? 113e STREET ADDRESS Silver Spring 1707 Hampshire Green Lane, #32 Maryland Montgomery NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ARTER LUCH SMITH 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES NO. OR LINKNOWN) LIFYES GIVE WAR OR DATEST SAME AS # ANGELA STROUD VES CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE IN ERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DIHLR SIGNIFICANT CONDITIONS CONTRIBUTING 1D DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 g ED AS A HEALTH CERTIFICATION None 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHEECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIEF CHIEFER DIRECTOR: PAGE 3 SHOULD BE USEFUE DEPARTMENT OF STATE DEPARTMENT. OF BALLYMORE, MARYLAND, 21201 PRIOR TO BURIL YES NO X None 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f LOCATION CITY OR TOWN STATE WHILE AT WORK AT WORK Inspection X 22a I certify that I took charge all the remains described above, held an Autopsy Natural causes X death resulted fram: Accident Undetermined manner Hamicide TITLE (SPECIFY) DATE SIGNED 10/15/87 SIGNATURE 1919 Seminary Road EXAMINER'S NAME John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery County, MD TYPE ON PRINT 23a BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY

17 84 DHMH - 17

(VR A15 ME (5))

BURIA

24 FUNERAL DIRECTOR

BAPTIST CHURCH COM

UND

230 DATE RECO BY REGISTRAR 236 REGISTRARS SIGNAMAN

TO 27 TAL DID 3 2 8 9 THE THE MENTAL METERS 10/15 87 2. was and the series of the control of the series of the ser Morgana Numeronery Silver Aming and 170 Bommehine deem lane, est . an early in the page of the i read Hilver String, Kontromery County, AD NOTE IN MORENT, L. I. 001 45 BBC 4-1-

ctar page 3CD DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND N. 20 TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial should be detached for use as the buriol-transit permit. Then places remove carbon papers, with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT; if them 21 is marked or frem 18 shows any injury, or other troumatic event, the TO HOSPITAL OR ATTENDING PHYSICIAN; The low retained by the hospitol or attending physicion

0695

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE/
CERTIFICATE OF DEATH

4

| I | 1 - | FOR STATE REGISTRAR | | | DEPARTA | | EALTH AND MENTAL HYS | IENE/ REG. N | 0. | | 3 | |
|---|---------------|--|---|---------------------------|---|---------------------------------|--|---|---|-----------------------|----------------------------------|-----------|
| | 3 SEX | Male RTHPLACE PATE OR FE | | RACE CITIZEN OF | MAT COUNTRY? | 5 DATE C | | 20 DATE OF DEATH 6 AGE (IN YEARS LAST BIR | MONTH DAY 2 - /7 - RIHDAY) IF U MON YRS PR COUNTY OF | NDER TYEAR | 26 HOUR STATE INDER 24 HOURS MI | R M |
| | IO CI | ENNA. TY OR TOWN OF DEA LVER SPRIN | IG T | NAME OF H | e Heart | WIDOWE IG HOME C ADDRESS) | | MONTGOME 120 USUAL OCCUPAT (TYPEOF WERK FORMOST) (TYPEOF WERK FORMOST) | ION | 126 KINDO INDUSTRY | F BUSINESS (| MD. OR |
| | 13a. S | MD. | MONTGO | | GIVE RESIDENCE BEFORE | SPRING | YES NO NO | 13. PBIED ADDRESS | érlachei | N DRIV | /E 209 | 906 |
| 1 | 14 FA | ANTHONY | MID | DIE | CASEY | | IS MOTHER'S MAIDEN NAI KATHER | INE | | CYBUI | | |
| | | AS DECEASED EVER | (IF YES GIVE W | | 189-05-0 | | ISABEL CASEY | SAME AS | | | | |
| | NO | Conditions, if ony, gove rise to imm couse (0), stating underlying couse | which pediote g the lost | DUE TO, OI | R AS A CONSEQUE | ENCE OF | P B | NINAL DISEASE OR CON | DITION GIVEN | 0 | MATE INTERVAL UNSET AND DEA | TH . |
| | CERTIFICATION | 190 DATE OF OPERAT | ION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 206 IF YES, W IN CERTIFYIN YES | G CAUSES | | ī |
| | MEDICAL CER | 21a ACCIDENT WAS UND OR CONTRIBUTING CERTIFY MEDIC 21d INJURY OCCURR WHIE NOTHY MEDIC 22o.1 certify that (1) sow the decesse obove, (1) (we) 1d 22b. SIGNATURE | AUSE OF DEATH (AL EXAMINER) RED (this hospital) | P. 21e PLACE (AT HOME STR | M. MONTH DAM. OF INJURY EEET FACTORY OFFICE F | 19 ARM ETC 1 | 211 LOCATION SIREET 19 10 that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN | to | own To | COUNTY | that (well couses stated | lost |
| | | 22d PHYSICIAN'S NA | | | AGUL | | 120 ADDRESS 74 25 arlu | 3 | | Les De | a, lua | Q |
| | 24 FL | SURIAL CREMATION SPECREMATION JUREAL DIRECTOR VEST'S SILVE | RANCIS | | 3,1987 M | ETROP | OLITAN CREMATORY UNIV. BL | DRY ALEXAND E REC D BY REGISTRAR 2 2 1987 | KIA | OUNTY R'S SIGNAT | VA ^t . | |

DHMH - 16 60M 7 84 (VRA 15, 4)

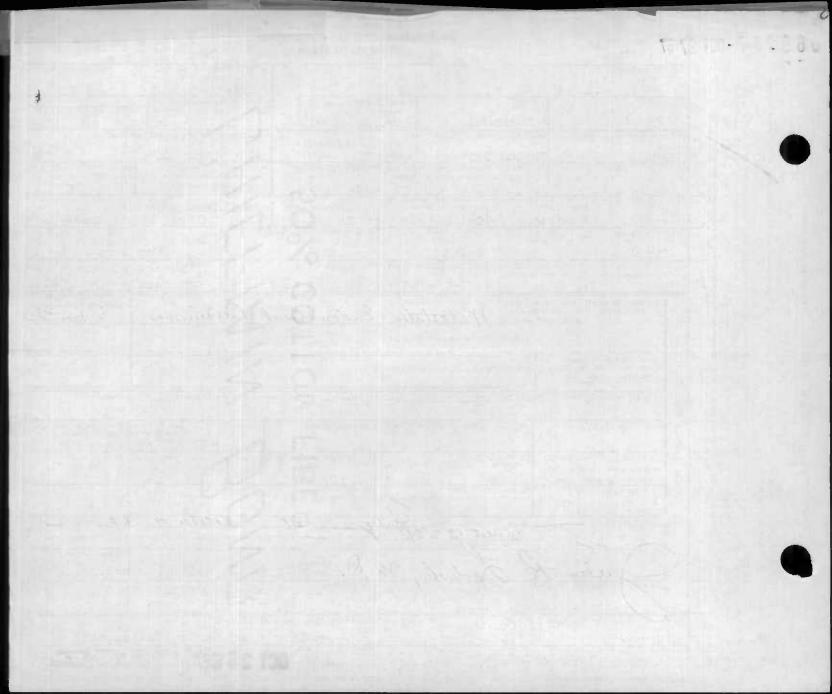
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| | NE | HYGIE | MENTAL | | | | EPARTMENT | DEI |
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| 8 7 - OCT 271 | 87STATE | DEP | ARTMENT OF H | EALTH AND MENTAL HYGI | ENE 2 | 98/ | 2 |
|----------------------------------|---|---------------------------------------|---------------------|-----------------------------|------------------------------|---|------------------|
| | REGISTRAR | | CERTIF | ICATE OF DEATH | REG NO |) | |
| | DECEASED NAME FIRST | WIDDIE | L | AST | 20 DATE OF DEATH | MONTH DAY YEAR | 26 HOUR |
| deot | Alice | E. | Cash | | October 19, | .1987 | 7:00AM |
| 3 5 | SEX | 4 RACE | 5. DATE C | | 6 AGE (IN YEARS LAST BIRT | | R IF NUFR AHR |
| 1.3 | Female | Caucasian | NOV | 18, 1901 | 85 | YRS | MC JR MIN |
| 1 70. | BIRTHPLACE TATE OF FOREIGN | 76 CITIZEN OF WHAT COUN | JTRY2 8 | | | R COUNTY OF DEATH | |
| 67 4 | COUNTRY) | United States | | DIVORCED | Montgomor | v County | |
| | CITY OR TOWN OF DEATH | United States 11. NAME OF HOSPITAL N | URSING HOME C | Y.7. | Montgomer 12a USUAL OCCUPATE | | OF BUSINESS OR |
| 7 | | (IF NOT IN SUCH FACILITY, GIVE | | | (TYPE OF WORK FOR MOST O | F WORKING LIFE) INDUSTR | Y |
| | Gaithersburg SUAL RESIDENCE (IF NURSING HOME OF | 18801 Walker | | oad | Homemaker | Own | Home |
| | STATE 136 COUN | | | 136 INSIDE CITY LIMITS? | 13e STREET ADDRESS / | | |
| | | gomery Gaith | ersburg | YES NO | | er Choice R | oad/20879 |
| | FATHER'S NAME FIRST | MIDDLE | ī | 15 MOTHER'S MAIDEN NAM | AE MIDDLE | | ASI |
| 23 | Charles | Nesmith | | Emma | | Washburn | |
| 160 | WAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL | SECURITY NO | 17 INFORMANT | ADORE | Butterwick | Court |
| / | No | | 2-2943 | Margaret M. N | Marchese Ga | ithersburg, | MD 20879 |
| S shows any injury, or other tra | gave rise to immediate cause ral, stating the underlying cause last PART 2 OTHER SIGNIFICANT (| DUE TO, OR AS A CONSTITUTION FOR W | G TO DEATH BUT | | NAL DISEASE OR CONI | DITION GIVEN IN PART 100. IF YES, WERE FIND IN CERTIFYING CAUSE YES YES | DINGS USED |
| S S | 71a. ACCIDENT WAS UNDERLYING | | H DAY YEAR | 216 HOW INJURY OCCURR | ED (ENTER NATURE OF INJUR | Y IN ITEM & PART DR PART . | |
| 7 3 | OR CONTRIBUTING CAUSE OF DEA | AITI | 19 | | | | |
| MEDICAL | 21d INJURY OCCURRED NOT WHILE AT WORK | 21e PLACE OF INJURY | OFFICE, FARM ETC } | 211 LOCATION STREET | CHY OR IO | WN COUNTY | TATE |
| | 22a L certify that (1) Whis hosp | 11 | 43-41 | 1 | 10 Octobe | | that the last |
| 7 | saw the deceased alive on love, (1) (we take (did no | duguet 13 | 19 87 / , or | that in (my) (approximated) | eath accurred an the do | ite and hour and from th | ie couses stated |
| | 775 SIGNATURE | 0-1 | | DEGREE | | | TE SIGNED |
| | Stelles | K. Orelin | of Me | ATTENDING THYSICIAN X | MEDICAL STAF | IAN Doct. | 19, 1987 |
| 1 | 23d PHYSHIAN'S NAME (TYPE C | OR PRINT) | 1 | 22e ADDRESS2901 01 | | | |
| | Males R. Lo | dish. M D | | | | 20832 | |
| 730 | BURIAL, CREMATION, REMOVAL | | 23c NAME OF C | EMETERY OR CREMATORY | 123d LOCATION | 20032 | |
| 4 | (SPECIFY) | ^{23b} Dottober 19,1987 | | Lawn Cemetery | CITY OR TOWN | e, Californ | i a |
| 74 | Removal FUNERAL DIRECTOR Robert | | | | | 756 REGISTRAR'S SIGN | |
| A 7/84 | FUNERAL DIRECTOR Robert 557 Wisconsin AV | da-Chevy Chas | e, Inc | nd 20814 00 | T 26 1987 | TE ACOLOTICAL & SIGNA | a all |

DHMH = 16 60M 7/84 (VRA 15, 4)



hotified

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGJENE & STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO LAST 1 DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS Judith October 13,1987 Castaldo Anne 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE [IN YEARS LAST BIRTHDAY] Female Caucasian March 5, 1945 TO BIRTHPLACE THE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Washington, D.C. U.S.A. Montgomery County WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville 14601 Pommel Drive Statistical 13b COUNTY 13e STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? Maryland Rockville 14601 Pommel Drive/20850 Montgomery 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE EIRST Helen Rice Robert Lavender 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 14601 Pommel Drive Rockville Maryland 213-44-3177 Thomas J. Castaldo BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic PART | DEATH WAS CAUSED BY letastatio IMMEDIATE CAUSE 10) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [NO 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OF LOWN AT HOME STREET FACTORY OFFICE FARM ETC 1 WHILE NOT WHILE 220 | certify that (1) (this bosertal) attended the deceased from_ saw the deceased olive-on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (I) (we) did not) view the body ofter death DEGREE 22c DATE SIGNED MI ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 27d PHYSICIAN'S Physicians Lane Juite 271 230 BURIAL CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE October 17, 1987 Gate of Heaven Burial Silver Spring, Maryland Cemetery 24. FUNERAL DIRECTOR

DHMH = 16 60M 7/B4 (VRA 15, 4)

FUNER old be

MPORTANT

Robert A. Pumphrey Funeral Home/ Rockville, Inc. Montgomery Avenue Rockville, Maryl Rockville, Maryland 20850

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHENE / CERTIFICATE OF DEATH

| 0 | | | | | | | | REG N | | | |
|------------|--|--|--|--|--|---|--|--|--|---|------------------------------|
| | ECEASED NAME DE OR PRINT) | Dorothy | WIDE | DIE | Cavana | ıgh | 20 DATE | OF DEATH | 87. | DAY YEAR | 7:59 |
| 3 SE | x Female | 4. RAC | CE White | e | 5. DATE OF BIRT | DAY YEAR | | (IN YEARS LAST BIR | THDAY | IF UNDER 1 YEAR | IF INDER 24 HOURS I |
| | IRTHPLACE (STATE OF | FOREIGN 76 CT | | HAT COUNTRY? | 8 | 9, 1902 NEVER MARRIED 5 | 9 BALTI | MORE CITY O | YRS OR COUNT | Y OF DEATH | |
| - | Michigan | ATH III N | U.S. | A. SPITAL, NURSING | WIDOWED | DIVORCED [| □ <u>w</u> | entgom | ery | The ways | OF DUCK IS |
| (| Glen Echo | (11 | 31 Wel | lesley C | odress) | TER INSTITUTION | (TYPE OF V | ALOCCUPATI WORK FOR MOST C USOWIF | OF WORKING LI | FE) INDUSTRY | OF BUSINESS |
| | AL RESIDENCE (IF NUR STATE MD | 13b COUNTY Mentgom | 13 | E RESIDENCE BEFORE A C. CITY OR TOWN Glon Ech | 13d II | NSIDE CITY LIMITS? | | ET ADDRESS | | | |
| 4 F/ | ATHER'S NAME FIRST Floyd | MIDDLE J. | | LAST Moore | 15 M | OTHER'S MAIDEN I | NAME | MIDDLE | | | st |
| | WAS DECEASED EVER (YES, NO OR UNKNOWN) | | OR DATES) | 577-28-7 | | FORMANT Margaret | M. Sie | ADDRE | | | |
| | 18 CAUSE OF DEAT | TH Enter only one VAS CAUSED BY | | | | | 0.4 | | | APPRO BETWEEN | CIMATE INTERVI |
| | | | | | 2 11026 | 1 1 1 1 1 1 1 | | | | In, | nuce |
| * | Conditions, if any | , which | JSE (a) | MA CONSEQUENT | | lii Je | erca | tion | P | nu | ndi |
| No | Conditions, if any gove rise to im couse (o), stoti underlying coust | r, which mediate ng the e lost | DUE TO, OR A | PACONSEQUEN PACONSEQUEN | reusi Feusi | Clipson RELATED TO THE TE | erct RMINAL DISE | tion ASE OR CON | DITION GIV | MC YEN IN PART I | euro |
| TIFICATION | gove rise to im couse (01, stati underlying cousi | which mediate ng the e lost D | DUE TO, OR A DUE TO, OR A DUE TO, OR A LETTIONS CON | PACONSEQUEN PACONSEQUEN | Féuse Munding | | | UTOPSY? | 20b IF YE | /EN IN-PART 1 | NGS USED |
| CERT | gove rise to im couse (o), stati underlying couse PART 2 OTHER SIG Q PU PULL 190 DATE OF OPERA 210 ACCIDENT WAS UN OR CONTRIBUTING 1 IF EITHER NOTIFY MED | which mediate ng the e lost DNAFICANT COND. ATION DEFLYING 21 CAUSE OF DEATH ICAL EXAMINER) | DUE TO, OR A (b) UE TO, OR A (c) UTIONS CON CONDITION THE OF INHOUR A.M. P.M. | PA CONSEQUENT PA CON | FELLSE EATH BUT NOT F PULCY Y YEAR 19 | S PERFORMED | 20a Al | UTOPSY? | 20b IF YE IN CERTII | S, WERE FINDI FYING CAUSE S | NGS USED S OF DEATH |
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| CERT | PART 2 OTHER SIG AND INC. 19a DATE OF OPERA 71a, ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER NOTIFY MED 71d INJURY OCCUR WHITE NOTIFY MED 72a I certify that I sow the deces | NAFICANT COND. CAUSE OF DEATH ICAL EXAMINER) (RED (Ithis hospitol) ot ed olive on | DUE TO, OR A (b) DUE TO, OR A (c) ITIONS CON TO CONDITION TO CONDI | PA CONSEQUENT OF THE PARTY OF T | FELLING EATH BUT NOT F MUNICIPAL PRINCIPAL PRI | S PERFORMED HOW INJURY OCCU | 200 AI YES [URRED (ENTER | UTOPSY? NOTE NATURE OF INIUI CITY OR TO | 206 IF YE. IN CERTII YE. RY IN ITEM 18 I | S, WERE FIND FYING CAUSE S DART OR PART) | NGS USED S OF DEATH NO |
| CERT | PART 2 OTHER SIG AND THE OF CONTRIBUTING OUT OF CONTRIBUTING OR CONTRIBUTING OF CONTRIBUTING O | WHICH MEDICAL PROPERTY OF THE | DUE TO, OR A (b) DUE TO, OR A (c) ITIONS CON ITIO | PA CONSEQUENT OF THE PARTY OF T | FELLING EATH BUT NOT F MUNICIPAL PRINCIPAL PRI | OCATION SIREET In (my) (************************************ | 200 AI YES URRED (ENTER | UTOPSY? NOTE R NATURE OF INJUI CITY OR 10 | 20b. IF YE IN CERTIL YE IN CERTIL YE IN TEM 18. | S, WERE FINDING CAUSE S PART PARTY COUNTY | NGS USED S OF DEATH NO |
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 approved and Notified MEO, Mayle,

> DHMH 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECTOR Juhauld be deteched for use in the State Degr. of Neo.

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Buriel 10/2/27 Ceder Hill Genetery Suitland, MD ... Joseph Gavler's Son#, Inc.
5130 Macordin Ave, NY, Auddonton, D.C. 2006 DELL St.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| A7 REGISTRAR | | CERTIFICATE OF BEATT | REG. NO. | |
|---|--|--------------------------------|--|---|
| DECEASED NAME FIRST | WIDDIE | LAST | 2a DATE OF DEATH MONTH D | AY YEAR 26 HOUR |
| | COLAS | CHALTOUPIS | OCTOBER 2, 19 | 87 9:32 Pm |
| 3 SEX | 4 RACE | 5 DATE OF BIRTH | | IF INDER I YEAR IF UNDER 1 HR |
| MALE | WHITE | OCTOBER 14, 1 | | ONTHS DAYS HOURS MIN. |
| To BIRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNT | RY2 B | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| Greece | GREECE | MARRIED NEVER MARRIE | | NTY MD |
| 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUE | SING HOME OR OTHER INSTITUTION | N 12a USUAL OCCUPATION | 126 KIND OF BUSINESS OR |
| BETHESDA | NIH, THE CLI | | TYPE OF WORK FOR MOST OF WORKING LIFE PUBLIC Servant | Greek Govt. |
| USUAL RESIDENCE (IF NURSING HOM | E OR OTHER INSTITUTION GIVE RESIDENCE BE | FORE ADMISSION) | | F1 F2 - 2 |
| Greece 13b CC | DUNTY 13c CITY OR T LAMIA | OWN 13d INSIDE CITY LIM | | 99999 |
| FATHER'S NAME | MIDDLE. LAST | 15 MOTHER'S MAID | | LAST |
| Ioanis Chal | toupis | Despir | na Anastasiou | (ASI |
| 160 WAS DECEASED EVER IN U.S. | ARMED FORCES? 166 SOCIALS | ECURITY NO. 17 INFORMANT | ADDRESS | |
| no | GIVE WAR OR DATES! D 700-80 | 6 MRS. IREN | E CHALTOUPIS (SAME | AS DECEASED) |
| 18 CAUSE OF DEATH (Enter | anly one cause per line for (a), (b) | and rc 1 | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| PART I DEATH WAS CAL | USED BY. CAR | DIAC ARREST | | HOURS |
| WWILL | DUE TO, OR AS A CONSE | OUT NOT OF | | |
| Canditions, if any, which | | CARDIAL INFARCTIO | N | DAYS |
| gave rise to immediate cause (a), stating the |) | | | 32120 |
| underlying cause last | DOL TO, ON AS A CONSE | HING'S DISEASE | | YEARS |
| PART 2 OTHER SIGNIFICAN | | | E TERMINAL DISEASE OR CONDITION GIVE | |
| | | | | 7 11 7 7 10 |
| 190 PATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WH | ICH OPERATION WAS PERFORMED | 200 AUTOPSY? 20b IF YES, | WERE FINDINGS USED |
| ¥ 9129181 | Vituitar | 4 Microcides | 10MC YES NOW YES | ING CAUSES OF DEATH? |
| 21a ACCIDENT WAS UNDERLYING | | 21c HOW INJURY C | OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PA | |
| OR COLUMNIC COLUMN OF | | DAY YEAR | | |
| (IF EITHER NOTIFY MEDICAL EXAM | P.M. 21e PLACE OF INJURY | 211 LOCATION | | |
| WHILE NOT WHILE AT WORK | (AT HOME STREET FACTORY OFF | ICE, FARM, ETC.) STREET | LITY OR TOWN | (OUNTY STATE |
| 22a 1 certify that (K (this ha | ospital) attended the deceased fro | m AUGUST 31, 19 | | |
| saw the deceased alive | on OGTOBER 2 | 9 8 / and that in (m) (aur) a | pinian death accurred an the date and havi | and from the causes stated |
| 276 S S S S S S S S S S S S S S S S S S S | 11 | DEGREE | | The DATE SIGNED |
| 11/10/11/1/1 | 11-11-061 | ATTEND | ING MEDICAL STAFF | 10/2/0 |

BP. 16 60M 7/84

TO FUNERAL DIRECTOR

DHMH = 16 60M 7/84 (VRA 15, 4) 23a BURIAL, CREMATION, REMOVAL

Ireme Chaltoupis

ROCKVILLE

23d LOCATION
CITY OR TOWN
Lamia

NATIONAL INSTITUTES OF HEALTH,

PIKE, BETHESDA, MARYLAND

COUNTY

Removal 10-0-07 | ITem ⁷⁴ FUNERAL DIRECTOR Marshall's Funeral Home ADDRESS 4217 9th St NW: Washington, D.C.

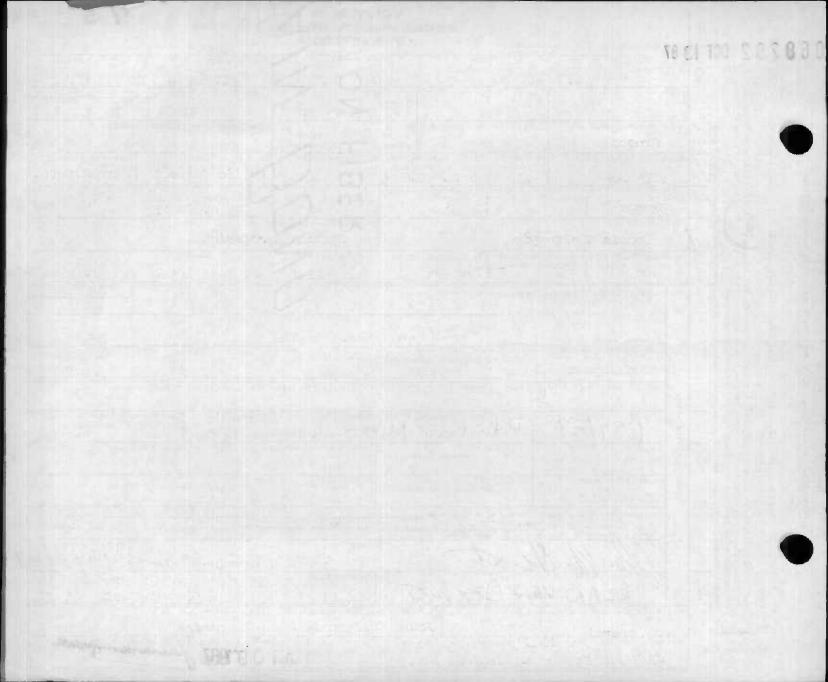
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DIVISION OF VITAL RECORDS. 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CERTIFICATE OF DEATH

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

| | | | | | | | KLC IAC | J. | | | |
|----|---------------|---|--|--------------------------------|-----------------|-----------------------------------|--|--------------------|---------------------|-------------------------|-------------|
| | | CEASED NAME Edyt | he Br | uce uce | | HAMBERS | | OCT 1 | 787 | 26 HOI 024 | UR 45 Am |
| | 3 SEX | < | 4_RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST BIRT | | IF UNDER 1 YEAR | | R CA HRY |
| | | Female | Whi | te | Apri | 1 23, 1905 | 79 | YRS " | JNIHS JAT | HOUR | MIN |
| 1 | 7a Bil | RTHPLACE (STATE OR FOREH | GN 76 CITIZEN OF | WHAT COUNT | RY? 8 | | 9 BALTIMORE CITY O | R COUNTY | OF DEATH | | |
| / | | P"J"ërsey | | S.A | WIDOWE | | Montgo | | | | MD |
| 71 | Ta | ty or town of death koma Park | Washi | ngton A | dventis | t Hospital | 170 USUAL OCCUPATE TYPE OF WORK FOR MOST O NUTSE | | | F BUSIN | |
| 5 | | AL RESIDENCE (IF NURSING F STATE 136 | COUNTY Wash. | 13c. CITY OR THA BETS | OWN | 13d INSIDE CITY LIMITS? | 323 A whi | zip code te Cak | Rd.Rt | 1 2 | 1740 |
| 7 | 14. FA | THER'S NAME | 44/00/5 | 1455 | | 15 MOTHER'S MAIDEN NA | | | | | |
| 1 | 1 | Thomas | MIDDLE I | Br | uce | Miriam | MIDDLE | | T | homa | S |
| 1 | | VAS DECEASED EVER IN L | | 166 SOCIALS | ECURITY NO. | 17 INFORMANT | ADDRE | SS | | | |
| 1 | () | (IF | YES, GIVE WAR OR DATES) | 137-20 | -519 0 A | Mr. Steward | W. Chambers | s Hag | erstow. | n, Md | |
| | | 18 CAUSE OF DEATH (E PART I DEATH WAS | nter anly ane cause pe CAUSED BY MEDIATE CAUSE (a) | | | aichal my | autun | | BETWEEN C | MATE INTE | < |
| | | Canditians, if any, wh | DUE TO, C | R AS A-CONSE | QUENCE OF | me Srick | , | | 11 | ay | |
| | | gave rise to immedicause (a), stating underlying cause (a) | | CONSE | QUENCE OF | arthy ch | slast | | | | |
| | NOI | PART 2 OTHER SIGNIFIC | CANT CONDITIONS C | ONTRIBUTING | TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISFASE OR CONI | DITION GIVE | N IN PART 1 | 0 | |
| / | CERTIFICATION | 190 DATE OF OPERATION | 196 CONE | ITION FOR WH | TICH OPERATIO | n was performed | 200 AUTOPSY? | | WERE FINDING CAUSES | | TH? |
| 7 | | 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS. (IF EITHER NOTIFY MEDICAL E. | OF DEATH HOUR A | OF INJURY .M. MONTH .M. | DAY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | h IN ITEM 18 PA | RI ORPARI. | | |
| | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | (AT HOME ST | OF INJURY REET, FACTORY OFF | ICE FARM ETC) | 21f LOCATION STREET | Ity OR TO | WN | OUNTY | | STATE |
| | | 22a.1 certify that (1) (this saw the deceased a abave, (1) (we) (did) | , , - | 7.0(t) | 0 -7 | nd that in (my) (our) apinian | death accurred on the do | te and hour | - | that (l) (couses st | |
| £ | | 226 SIGNATURE | J. Doul | lul | Í | | MEDICAL STAF | F IAN [] | 22c DATE | SIGNED | 87 |
| | | 22d PHYSICIAN'S NAME | | ohlli | | 7600 (a) | rulte | Taker | na Ph | M | d |
| | | URIAL, CREMATION, REM | Oct. 2 | 0,87 | | EMETERY OR CREMATORY la Cemetery | 23d LOCATION Marcella | i No | COUNTY | N | TAJE. |

Smithsburg, Ma.

DHMH 16 60M 7/B4

TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please rewith the State Dept. of Health and Mental Hygiene prior to burial, cref-IMPORTANT: If them 21 is marked at Item, 18 shaws any injury, at

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TO HOSPITAL

(VRA 15, 4)

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frer death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

| 87 | FOR - STATE REGISTRAR | | DEPART | | EALTH AND MENTAL | HYGIEN | REG. N | 9 0 | 1 8 | |
|---------------|---|----------------------|----------------------|---------------|--------------------------------------|-------------|------------------------|-------------|---------------------|----------------------------------|
| 1 DE | CEASED NAME FIRST | | MIDDLE | Į. | AST . | 20 | DATE OF DEATH | MONTH D | AY YEAR | 26 HOUR |
| (TYP) | BEULF | 1 | M | | CHASE | | 00 | TI | 1987 | 357 |
| 3 SE | X | 4 RACE | | 5 DATE C | OF BIRTH | 6 | AGE (IN YEARS LAST BIR | THDAY) | IF UNDER I YEAR | IF UNLER , 4 HR |
| - | Female | Whit | e | Fet | . 15, 1918 | | 69 | YRS | C H DAY | HUUR! MIN |
| 7s. B | IRTHPLACE INTATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY | ? 8 | | 9 | BALTIMORE CITY O | | OF DEATH | |
| 2 | Maryland | US | A | WIDOWE | D NEVER MARRIED DIVORCED | | Montgon | nerv Co | ounty. | MD |
| | ITY OR TOWN OF DEATH | | | | OR OTHER INSTITUTION | 1 12 | USUAL OCCUPATI | ON | 126 KIND C | F BUSINESS OR |
| 1 | Rockville | SHADA | GROVE | ADVE | NTIST HOSE | | Homemaker | | INDUSTRY | |
| USU 13a | AL RESIDENCE (IF NURSING HOME OF | OTHER INSTITUTION | GIVE RESIDENCE BEFOR | RE ADMISSION) | 13d INSIDE CITY LIMITS | 52 13 | e STREET ADDRESS | ZIP CODE | | |
| M | | gomery | Gaither | | YES NO | | 17060 Kir | | es Wav | 20877 |
| 14 F | ATHER'S NAME | | | | 15 MOTHER'S MAIDEN | NAME | | | | |
| | | anklin | Burdett | е | Amanda | | Melvina | Re | allisor |) |
| | WAS DECEASED EVER IN U.S. AR | | 16b SOCIAL SEC | URITY NO. | 17 INFORMANT | | ADDRE | 550700 | Dublir | Pd |
| (| YES, NO OR UNKNOWN) (IF YES GIV | E WAR OR DATES) | 463-24- | 2300 | Hazel L. | Man 7 " | | lkers | | M.J. |
| | 18 CAUSE OF DEATH Enter on | | - | | Λ | A At a plus | TTITY NO | THE COL | | MATE INTERVAL ONSET AND DEATH |
| | PART I. DEATH WAS CAUSE | Ď BY TE CAUSE (a) | Acut | 2 (| orges- | Bu | Smany | ano | AM | |
| CERTIFICATION | Conditions, if ony, which gove rise to immediate cause oil, stating the underlying cause last PART 2 OTHER SIGNIFICANT (| (c)CONDITIONS CO | | DEATH BUT | L. BYLM NOT RELATED TO THE T | | Mal Disease or Con | 20b IF YES, | WERE FINDING CAUSES | NGS USED |
| E E | 210 ACCIDENT WAS UNDERLYING | 216 TIME C | | WE . B | 21c HOW INJURY OC | CURRED | | | | ,,,, |
| A. | OR CONTRIBUTING CAUSE OF DEA | NI I | M MONTH D | AY YEAR | | | | | | |
| MEDIC | 216 INJURY OCCURRED | 21e PLACE | | | 21f LOCATION | | CITY OR TO | WN | NIY | ATE |
| | 27a I certify that (I) (this hospi saw the deceased alive on above. (I) (we) (did) (did no 27b SIGNATURE | 4 1 |) | - | nd that in (my) (our) apid DEGREE | IG N | MEDICAL STAF | F | | |
| | 220 PHYSICIAN'S NAME TYPE OF | RPRINT) | HIAN | EY | PHYSICIA 22e ADDRESS ZOUZE | CLE | PM DMUK | de la | d, a | munita |
| 23a I | BURIAL, CREMATION, REMOVAL | 23b DATE | 236 | NAME OF C | EMETERY OR CREMATO | ORY | 23d LOCATION | W | 10 20 | 9711 |
| | Cremation | Oct.1 | 3.1987 | Wes | tview | | Baltim | ore. N | larylan | d |
| | UNERAL DIRECTOR | 0 0 0 0 1.6 | -,-,-, | | | DATE RE | EC D. BY REGISTRAP | | | LOLOR. |
| | OTin I. Moles | worth | P. A ADDINA | ma senis | | | E 4007 | In Davis | 10-1-17-51 | 1 |

OTin L. Molesworth, P.A. ADDamascus, Md.

DHMH 16 60M 7/84 (VRA 15, 4)

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IMPORTANT If Item 21 is morked or Item 18 shaws any

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DATE KNOWN DEATH MATED Julie Junghee Son Choy IF UNDER 1 YR IF UNDER 24 HRS Female Oriental Apr. 12, 1959 PRONOUNCED Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Korea DIVORCED X Ve wo 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Software Engineer T.R.W. Stedwick 10028 Gaithersburg USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montgomery Gaithersburg Stedwick 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Undong Son Kyuchu] Lee 60 WAS DECEASED EVER IN U.S. ARMED FORCES? Ruth Lee, 538 Somerset Dr., Placentia, DIVISIO California,92670 18 CAUSE OF DEATH (Enter only one couse per line for (o, (b), and (c) BETWEEN ONSET AND DEA H PART I DEATH WAS CAUSED BY NCIMOMO DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) VG THE WORD "PEN TO THE CHIEF M SHOULD BE USED A PARTMENT OF HEA RIOR TO BURIAL, C 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 71n EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY FARM, ETC) CITY OF TOWN STATE WHILE AT WORK PAGE 4 SHOULD BE FORW

TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STA 220 I certify that I took charge of the remains described above, held an Inspection Homicide ____ death resulted from: Undetermined monner EXAMINER'S NAME John Tauber ADDRESS 8218 Wisconsin Ave., Bethesda, Mc TYPE OR PRINT 231 NAME OF CEMETERY OR CREMATORY Forest Lawn Cemetery Los Angeles California 07 84 25M Rober AR Pumphrey Beth. Ch. Ch. Funeral 25a DATE REC'D. DHMH 17 Home, Inc 7557 Wisconsin Ave., Bethesda, Moul (VR A15 ME (5))

20814

STATE OF MARYLAND

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| | DEPAR | | EALTH AND MENTAL HYG ICATE OF DEATH | IENE REG NO | 7 0 | | , | |
| , | MIDDLE | L | AST | 20 DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR | ₹ |
| H N | 1. C | 1445 | mnn | 101 | 9/8 | 7 | 123 | PM |
| 4 RACE | | 5 DATE O | | 6. AGE (IN YEARS LAST BIRT | HDAY) IF (| INDER TYEAR | IF DINDER 2 | 4 HR |
| Caucas | sian | Febru | | 66 | | THIS DAT | NO 7R | My 104 |
| | WHAT COUNTRY | (2 8 | | 9 BALTIMORE CITY O | | DEATH | | |
| United | States | WIDOWE | DINEVER MARRIED XX | Montgomer | y Coun | ty, | 71 | MĐ. |
| | HOSPITAL, NURS | | R OTHER INSTITUTION | 170 USUAL OCCUPATION | WORKING LIFE | 126 KIND OF | .S. | S OR |
| | an Hosp | | | Personne. | L OII, | Govern | ment | - |
| 11A | 130 CITY OR TO | | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS 8404 Buckt | nannon | Dr. | 208 | 54 |
| gomery | Potomac | | 15 MOTHER'S MAIDEN NA | ME | 141111011 | | 200 | |
| S. | Clausm | an | Florence | E. MIDDLE | | Cox | | |
| MED FORCES? | 166 SOCIAL SEC | | 17 INFORMANT | 1788E | York R | oo bec | lony | |
| E WAR OR DATES) | Not Av | ailab | Rebert E. Cla | | Readi | ng, PA | . 19 | 610 |
| lly one couse per D BY TE C AUSE (a)_ | Summer for (a), (b), o | MAN MAN | EDEMA | | | APPROXIM BETWEEN OIL | | A) DEATH |
| DUE TO, O | R AS A CONSEO | MY OCA | rdral Infar | ction | | 36 hc | זער 2 | |
| DUE TO, OF | Drabe | UENCE OF | Mellitus | | | 254 | 12 | |
| ONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | IN AL DISEASE OR CONT | DITION GIVEN | IN PART Lia | | |
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| 196 CONDI | ITION FOR WHIC | H OPERATION | N WAS PERFORMED | 200 AUTOPSY? | 706 IF YES, WIN CERTIFYIN | | | H? |
| 216 TIME O | | DAY YEAR | ?Ic HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART | OR PART 2) | | |
| P., | | 19 | | | | | | |
| 21e PLACE | OF INJURY REET FACTORY OFFICE | E FARM ETC) | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | 51 | ATE |
| tal) attended th | e deceased from | 10/ | d that in (my) (our) apinion | 10 10 6 | . 19. | | hat (1) (w | |
| t view the body | ofter death | | | oeom occurred on the oc | ne and nour of | | | reo |
| J84 | | MO | DEGREE ATTENDING PHYSICIAN | MEDICAL STAF | | 10 91 | 157 | |
| PRINT) | OVSKY | , M.D. | | Western Aver | | W. | | |
| 10,110 | | | | naton, D.C. | 20015 | | | |
| octobe: | r | | emetery or crematory ane Cemetery | Muhlenberg | g Berk | S" Pen | nsyľ | Vani |
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BP. DHMH - 16 50M 1/81

(VRA 15, 4)

Burial Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 7557 Wisconsin Ave. Pethesda, Maryland 20814

230 BURIAL CREMATION REMOVAL

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IMMEDIA:

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGJENE

| 1 | 0 | REGISTRAR | | | | CERTIF | ICATE OF DEATH | | REG. NO | | |
|----------------|---|--|-------------------------------|------------------|------------------|--------------------|------------------------|-----------|--|---|------------------|
| 1 | | CEASED NAME | FIRST | A | MIDDLE | Ĺ, | AST | | 20 DATE OF DEATH MONTH | DAY YEAR | 26 HOUR 9: 20 |
| | (IIIFE | ORPRINIT | Eleano | r | Α. | Coh | hin. | | October 20. | 1987 | a. M |
| 1 | 3 SEX | | | 4 RACE | | 5. DATE C | F BIRTH | | AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 74 HRS |
| 1 | Ŧ | emale | | White | 2 | OCTO | ber 14, 192 | | 65 YRS | | HOURS MIN |
| 1 | | BIRTHPLACE (MATEORFOREIGN 76 CITIZEN OF WHAT COUNTRY? | | | | | NEVER MARRIE | | BALTIMORE CITY OR COUN | TY OF DEATH | |
| | | MARYLAND USA | | | | | DIVORCE | | Montgomery C | ountu | MD |
| 3 | 10 CI | TY OR TOWN OF | DEATH | | HOSPITAL, NU | | R OTHER INSTITUTIO | | 12a USUAL OCCUPATION 12b KIND OF BUSINESS OR | | |
| Olney Montgome | | | | | | y General Hospital | | | HOUSEWIFE . | | |
| - | USUA 13a. S | L RESIDENCE (IF | NURSING HOME OR | | GIVE RESIDENCE | | 13d INSIDE CITY LIM | ITS? | 3e STREET ADDRESS / ZIP CO | 2090 | 6 |
| 2 | Mo | ryland | Mont | gomery | Silver | Spring | YES NO | | 15107 Interlac | hen Drive | e 308 |
| 24 | 14. FA | THER'S NAME | | MIDDLE | LAST | | 15. MOTHER'S MAID | EN NAM | E MIDDLE | LAST | |
| 1 | | VERNON | | Ε. | W. | HITE | ELBA | | | ROMBE | RGER |
| | | AS DECEASED E | | MED FORCES? | | SECURITY NO. | 17 INFORMANT | SON | | 36 WALT | |
| | | NO | | | 218-1 | 6-8196 | EDWIN R. | ANTI | HONY, III/ELLIC | | |
| | | 18 CAUSE OF D | EATH (Enter on H WAS CAUSE | ly one couse per | ling for io , (b | ond icy | · A | 4 | A - | APPROXIA BETWEEN O | MATE INTERVAL |
| | | PARTI. DEAT | | E CAUSE (o) | Ulra | uo Le 87. | radores 1 | USR | 49 | 70 | tay |
| | | Conditions, if any, which (16) English Lare way because | | | | | | | | | (1) |
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| | gove rise to immediate couse ioi, stating the underlying cause lost | | | | | | | | 1 | | |
| | | | | ((c) | 4 | My W | vars C | Mene | Le Brain | elasar. | |
| ١ | z | PART OTHER | SIGNIFICANT C | ONDITIONS | ONTRIBUTING | TO DEATH BUT | NOT RELATED TO THE | ETERMIN | NAL DISEASE OR CONDITION C | IVEN IN PART 1 a | Tul |
| | 710 | 19a DATE OF OPI | FRATION | S COND | NULL EOR WI | HICH OPERATION | N WAS PERFORMED | oun | 1200 AUTOPSY? 1206 IF | ES WERE FINDIN | 2 thums |
| 7 | CERTIFICATION | 170 DAIL OF OF | NA | 170 CONDI | ITION TOR WI | THE OF ERATION | IN WASTERI ORMED | | INCER | TIFYING CAUSES | OF DEATH? |
| L. | ERTI | 21a. ACCIDENT WAS | S UNDERLYING | 216 TIME O | F IN IURY | | 1216 HOW INJURY C | CCLIRRE | YES NO DE LE | YES DEPART OF PART IN | NO 🗌 |
| 1 | | OR CONTRIBUTING | CAUSE OF DEA | TH HOUR A. | M. MONTH | DAY YEAR | | CCOMIL | O (EMERINATORE OF PRODUCTION | o / Alt. · OA / · · · · · · · · · · · · · · · · · · | |
| | MEDICAL | 21d INJURY OCC | MEDICAL EXAMINER | 21e PLACE (| | 19 | 21f LOCATION | | | | |
| | ME | WHILE I NO | T WHILE | | | FICE FARM ETC 1 | STREET | | Zitt dictown | COUNTY | STATE |
| | | 22a certify tho | WORK , | tal) attended th | deserved to | om , 191 | 13 10 | - | 10/20 | 10 07 | hat (I (we) last |
| | | sow the dec | eosed blive on. | 10 | 114 | () | d that in (my) (our) a | pinion de | eoth occurred on the days and h | | |
| | | obove, (1) (w | e) (a) a) (did not | t) view the body | after death | | DEGREE | | 9 510 5205 | 22c DATE S | |
| | | ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 10208 | | | | | | | | | 189. |
| | | 22d PHYSICIAN" | S NAME ILLERO | RPRINT) | | | 22e ADDRESS | husi | cians Lane #26 | 1 | |
| | | Ravi P | assi. M | .D. | | | Rachuil | lo lo | MD 20850 | 1 | |
| | 23a B | URIAL, CREMATIO | | | | 231 NAME OF C | EMETERY OR CREMA | | 23d. LOCATION | COUNTY | STATE |
| | | BURI | | OCT23, | | | ON NATL CH | | ARLINGTON | | VIRGINIA |
| | | INERAL DIRECTO | | CIS J. | | | | Se DATE | REC'D. BY REGISTRAR 256 REG | STRANGE MENATU | RP andres |
| | 50 | O ÜNIVER | SITY BL | VD W SI | LVER S | PRING, M | D 20901 | UC | 29 198/ 8 | my low-out | |

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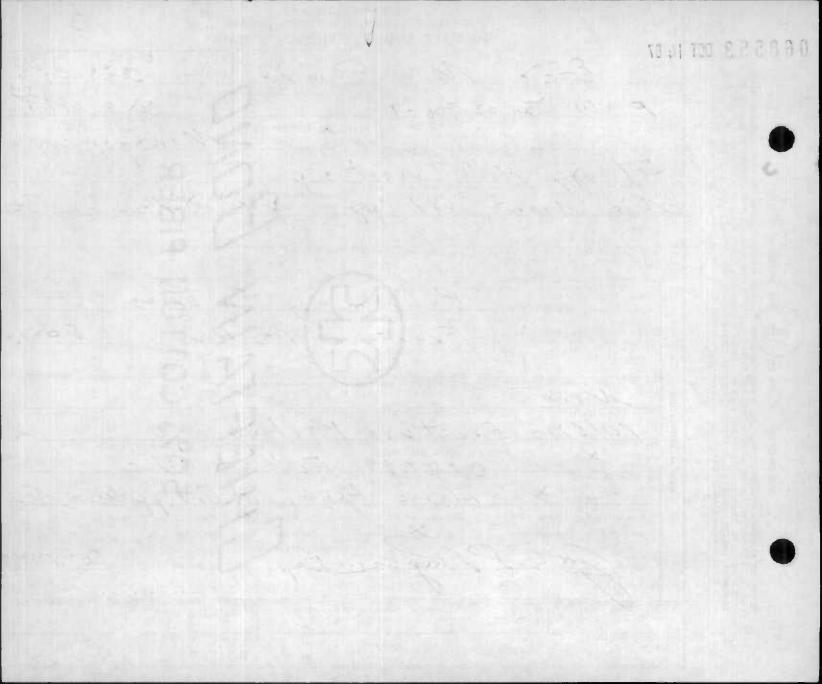
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 5 1 8 OCT 2 | B 87 | FOR STATE REGISTRAR | DEPARTI | | ALTH AND MENTAL HXG | REG. NO | 0 0 4 |
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| ge 3 eoth | | JULUS | H | Co | HEN | 10 | 12 87 25 1 |
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| rector | | MALE | CAUC. | MONTH 7 | 14 91 | 96 YR | s |
| Po di | | RTHPLACE ATE OR FOREIGN | Th CITIZEN OF WHAT COUNTRY? | MARRIED | NEVER MARRIED | 9 BALTIMORE CITY OR COUN | |
| deoth nerd | | RUSSIA | USIA | WIDOWE | | MONTGOM | ERY MD |
| by the fulled with | | VER SPRTWG | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET HOLY CROSS | ADDRESS PI | TAL | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN DESTGNER | 1240 TES BUSINESS OR NOUSTRY DRESSES |
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| mplerely cond 2 sh | | THER'S NAME | COHÊN COHÊN | | 15 MOTHER'S MAIDEN NA LENA | WIDDLE | GLÄSER |
| Conf | 16a V | VAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SECU 109-07- | | ABNER B. C | ADDRESSIL OHEN, 1136 LOXF | |
| T | | | ly one cause per in for a , (b) and D BY (E CAUSE (a) | alov. | y lusuff | ICIONCY | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| otte move chion chion | | Canditions, if any, which gave rise to immediate | DUE TO, OR AS A CONSEQUE | ENCE OF | Heavt - | Failure | Years |
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| equires in signer Then pl in to burn | NO | PART 2 OTHER SIGNIFICANT OF | Ton latin | | | | |
| on hos bee t permit ene prio | CERTIFICATION | 190 DATE OF OPERATION | 198 CONDITION FOR WHICH | POPERATION | N WAS PERFORMED | | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO |
| g physici g physici errificate rol-fronsi ntal Hygi fem, 18 sh | | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | HOUR A.M. MONTH D | AY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INTURY IN ITEM | NIS PART OR PAR! |
| ottendin ottendin ter this c is the bur h and Me | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE | FARM ETC) | 211 LOCATION | CITY OR YOU | STATE STATE |
| TTENDIN pital or TOR Aftar use of Healt | | sow the deceased alive an | tal) attended the deceosed from 19 | 8 7 on | d that (my aur) apinion | death occurred on the date and | haur and from the causes stated |
| the hos the hos at DIRECTED POTE DEPT | | 226 SIGNATURE | 3 Saul | | DEGREE ATTENDING PHYSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN | 10 13 8 7 |
| etoined by TO FUNER, should be d with the Sta | | TENMOU B | Segar | | SIVEN S | Spring Md | 20 902 |
| P P S 3 € + | | BURIAL CREMATION REMOVAL | 10/14/1987 K | | EMETERY OR CREMATORY NEMORIAL | GARDEN FALLS | CHURCH, VIRGINIA |
| DHMH 16 60M 7/84 (VRA 15, 4) | | | HEBREW MEMORIAL EET, N. W., WA H | | | TE REC D BY REGISTRAR 256 REC | 6-1-0 |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REG NO TTYPE OR PRINTI DEATH MATED DATE OF BIRTH UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 19 20 To BIRTHPLACE TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR MARRIED NEVER MARRIED TENNESSE WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING HEEL OR INDUSTRY ATTORNEY DEPT OF 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MIDDLE LAST JOSEPH COMBS BARTON 17 INFORMANTSON 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 15316 DELPHINIM (YE NO OR UNKNOWN) 217-44-0327 COMBS/LN MD 20853 18 CAUSE OF DEATH (Enter only one couse per line for PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (o) stoting the under lying couse lost PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? DED TO THE CHIEF IS SHOULD BE USED EDEPARTMENT OF THE IS PRIOR TO BUSH 20 AUTOPSY? YES 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED FOR THE COOR, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM ETC.) WHILE STREET CITY OR TOWN WHILE NOT WHILE Inspection V 22a I certify that I took charge of the remains described above, held on Autopsy Inquiry death resulted from: Noturol causes Homicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINERS NAME JOHN ROGERS SEMINARY ROAD SILVER SPRING, MD (TYPE OK PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 07 84 BP BURTAI GATE OF HEAVEN CEMETERY SILVER SPRING MONTGOMERY MD

24 FUNERAL DIRECTOR

DHMH - 17 (VR A15 ME (5)) FRANCIS J. GOLLINS, JR.

500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

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OCT 0'7 1987

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | | | | | CERTIFI | CATE OF DEATH | REG. NO | | |
|---------------|---|--|--|--|--|--|--|--|--|
| | CEASED NAME | FIRST | - / | AIDDLE | C " | ST | 20 DATE OF DEATH MONTH DA | Y YEAR 26 HOUR | |
| (ITPE | | 20 | E | . (| CA | don | 10 11 | 87 1/15pm | |
| 3 SEX | | | RACE | | | | 6 AGE (IN YEARS LAST BIRTHDAY) | UNDER YEAR IF UNDER 24 HRS | |
| MA | ALE | C | AUCASI | AN | | | 75 YRS | NIPS DATS HOURS MIN. | |
| 7a BI | RTHPLACE (STATE OR | OREIGN 76 | CITIZEN OF | WHAT COUNTRY? | 8 | WEVER MARRIED T | 9 BALTIMORE CITY OR COUNTY C | F DEATH | |
| 2 . | | rs | USA | | | | MONTGOMERY | MD. | |
| 10 CI | ITY OR TOWN OF DEA | TH 11 | | | | R OTHER INSTITUTION | 120 USUAL OCCUPATION | 126 KIND OF BUSINESS OR | |
| | | | | | LANE | | SUPERV EXAMINER | PATENT OFFICE | |
| USU/ 13a S | AL RESIDENCE (IF NURS | ING HOME OR OTH | HER INSTITUTION | | | 13d INSIDE CITY LIMITS? | 113e STREET ADDRESS | | |
| MA | ARYLAND | | | | | YES NO | 15410 BASSETT LA | NE 20906 | |
| 14 FA | THER'S NAME | MID | DIE | LAST | | | |) AST | |
| | SAMUEL | | | | N | GRACE | н. | COLBY | |
| | | | | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDRESS | | |
| | NO | (# 123, 5112) | | 140-09- | 5471 | DOROTHEA Y. | CONDON/WIFE/SAME | | |
| | 18 CAUSE OF DEAT | H Enter only | one couse per | line for a la l | dicip | | 2. /- | BETWEEN ONSET AND DEATH | |
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| | couse (o), statis | g the | DUE TO, O | R AS A CONSEQUE | NCE OF | | 0 | | |
| | | | (c) | | | - | | | |
| z | PART 2 OTHER SIGI | VIFICANT CO | ADITIONS CO | ONTRIBUTING TO | SEATH BUT | | | WIN PART 10 Coffees | |
| E S | LORDATE OF OPERA | C CVE | SURIO | TION FOR WHICH | - | 7 | | WERE FINDINGS USED | |
| FIC | The Date of Orena | | 174 60.15 | more roll tring. | 0. 2 | · · · · · · · · · · · · · · · · · · · | IN CERTIFY | ING CAUSES OF DEATH? | |
| ERT | 7 In ACCIDENT WAS UN | DERLYING [| 21b TIME O | FINJURY | | 21¢ HOW INJURY OCCUR | | | |
| | OR CONTRIBUTING | CAUSE OF DEATH | HOUR A. | M. MONTH DA | | | | | |
| DIC. | | | _ | | 19 | 21f LOCATION | | | |
| ME | | ILE 🖂 | | | ARM ETC) | STREET | CITY OR TOWN | COUNTY | |
| 1 | | | omended th | e decement from | Duy | ne 10.87 | to 10/11 10 | 87 that (II (west last | |
| | | | 9/1 | 10 8 | 209 00 | d that in (my) (ext) opinion | death occurred on the date and hour | | |
| | 22h SIGNATURE | Mer I stild host in | - the body | Ster death | | | | TIL DATE SIGNED | |
| | Au le | 4 A | 10 | desta | in | ATTENDING THE SECTION | MEDICAL STAFF | | |
| 1 | 274 PHYSICIAN'S N. | AME (TIMOS | list) | 50,001 | | 22e ADDRESS | PIRECION PHISICIAN | | |
| | // Inte | e R I | odish | | | Sandy Spring | Road Olney Mary | 1 and | |
| 23p | | | | 123c N | NAME OF CI | | 123d LOCATION | Tanu | |
| | (SPECIFY) | | | | | | CITY OR TOWN | VTRGTNTA | |
| 24 FI | UNERAL DIRECTOR | | | | | | E REC'D. BY REGISTRAR 256 REGISTR. | | |
| | NAME | | | | . 1 1 1 . | | | | |
| - | Jule UHAL, CREMATION, CREMAT | S R. L | odish 23b DATE OCT15 | | NAME OF CI | Sandy Spring EMETERY OF CREMATORY LITAN CREMATO | R Road Olney, Mary 123d LOCATION CHYORTOWN RY ALEXANDRIA | COUNTY VIRGINI | |
| | MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION | ACCIDENT WAS UND TO CONTRIBUTING TO COUNTRY) MASSACHUSETT TO CITY OR TOWN OF DEA SILVER SPRIN USUAL RESIDENCE (IF NURS TO STATE MARYLAND TO STATE MARYLAND TO CONTRIBUTING TO CONTRIB | MALE 70. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) MASSACHUSETTS 10. CITY OR TOWN OF DEATH SILVER SPRING USUAL RESIDENCE (IF NURSING HOME OR OTHER) MARYLAND MONTGO 14. FATHER'S NAME FIRST SAMUEL 160. WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED ENTER OF DEATH (FYES, GIVE WINDERLY) Conditions, if ony, which gove rise to immediate couse to i. stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT COUNTY OF CONTRIBUTING COUSE LOST. PART 2. OTHER SIGNIFICANT COUNTY OF CONTRIBUTING COUSE LOST. 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING COUSE OF DEATH (FIFTHER NOTHER MEDICAL EXAMINER) 211. INJURY OCCURRED WHILE NOTHER MODIFY MEDICAL EXAMINER) 212. SIGNATURE 213. BUTCH SIGNIFICANT OF COUNTY OF COU | MALE CAUCASI TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) MASSACHUSETTS USA 10 CITY OR TOWN OF DEATH SILVER SPRING USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE WARYLAND MONTGOMERY 14 FATHER'S NAME FIRST SAMUEL 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) NO 18 CAUSE OF DEATH Enter only one couse per PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE IO) DUE TO. OR Conditions, if ony, which gove rise to immediate couse for underlying couse lost. Conditions, if ony, which gove rise to immediate couse for part in U.S. ARMED FORCES? 190 DATE OF OPERATION 190 DATE OF OPERATION 191 DATE OF OPERATION 191 DATE OF OPERATION 192 DATE OF OPERATION 193 DATE OF OPERATION 194 COUNTRY 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR AND PROPERTY OF THE PART OF THE PAR | MALE TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) MASSACHUSETTS 10 CITY OR TOWN OF DEATH SILVER SPRING 11. NAME OF HOSPITAL, NURSIN (F NOT INSUCH FACILITY, GIVE STREET INSULA RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE INSULA FACILITY, GIVE STREET INSULA RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE INSULA RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE INSULA RESIDENCE GEFORE INSULA RESIDENCE BEFORE STATE WARYLAND MONTGOMERY 14. FATHER'S NAME FIRST SAMUEL CONDO 18. CAUSE OF DEATH IENTER ONLY ONE COUSE PER line for OIL (B) GIVE WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECULATED (IF YES, GIVE WAR OR DATES) NO 18. CAUSE OF DEATH IENTER ONLY WAS CAUSED BY. IMMEDIATE CAUSE (O) DUE TO, OR AS A CONSEQUE CONDOINANCE OF CONTRIBUTING OF OR AS A CONSEQUE UNDERTO, OR AS A CONSEQUE TO OR AS A CONSEQUE AND DATE OF OPERATION 19. CONTRIBUTING OF INJURY HOUR A.M. MONTH DATE OF INJURY HOUR A | MALE MALE CAUCASIAN DECEM CAUCASIAN DECEM CAUCASIAN DECEM CAUCASIAN DECEM MASSACHUSETTS USA III. NAME OF HOSPITAL, NURSING HOME OF UPON IN SUCH FACILITY, GIVE STREET JADDESS! SILVER SPRING III. NAME OF HOSPITAL, NURSING HOME OF UPON IN SUCH FACILITY, GIVE STREET JADDESS! SILVER SPRING III. NAME OF HOSPITAL, NURSING HOME OF UPON IN SUCH FACILITY, GIVE STREET JADDESS! SILVER SPRING USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION) GIVE RESIDENCE REFORE ADMISSION) III. COUNTY MARYLAND MONTGOMERY III. CITY OR TOWN MARYLAND MONTGOMERY SILVER SPRING III. CITY OR TOWN SILVER SPRING III. CONDON III. CALL C | 3. SEX ARCE S. DATE OF BIRTH STAR CAUCASIAN DECEMBER 6, 1911 | AGE CAUCASIAN DECEMBER 6, 1911 To ADDITIONS CONTRIBUTION DECEMBER 6, 1911 To ADDITION GOVERNORM TO ADDITION GOVE | |

DHMH - 16 50M 4/B2 (VRA 15, 4)

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DHMH = 16 60M 7/84

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|---|---|---|----|---|--|
| 0 | 6 | 8 | 16 | 1 | |

within 24 hours ofter death Page

FOR - STATE

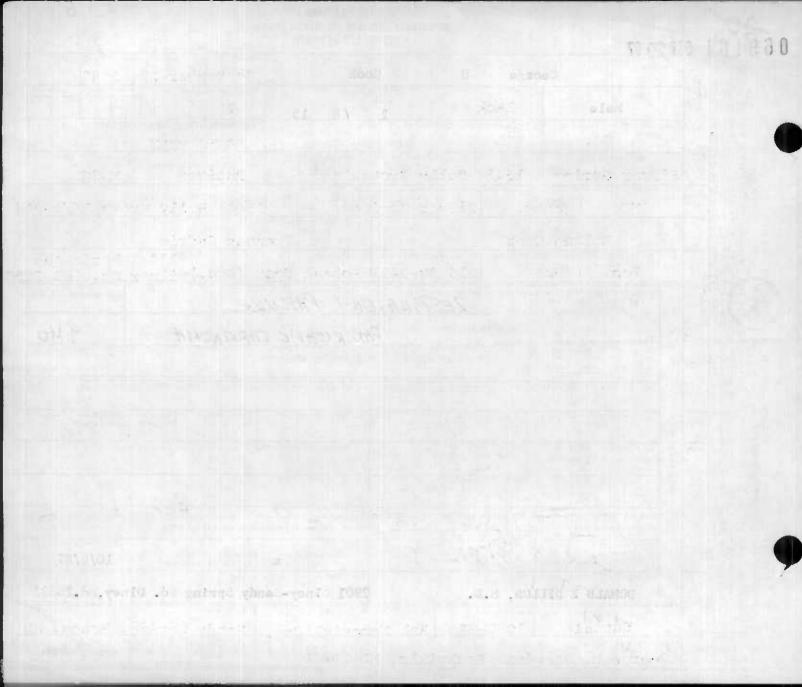
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

| R | F | G | N | C |
|-----|---|---|---|---|
| 1.5 | - | · | | |

6

| OCT | 2 TOTSTRAR | | CERTIFICATE OF DEATH | REG. NO | | | | | |
|---------------|---|---|-----------------------------------|--|---|--|--|--|--|
| | ECEASED NAME FIRST | WIDDLE | LAST | 20 DATE OF DEATH MONTH D | AY YEAR 26 HOUR | | | | |
| | PE OR PRINT) | orge H | Cook | September 29, | 1987 M | | | | |
| 3 S | EX | RACE | 5 DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER LYEAR IF UNDER 21 HR | | | | |
| | Male | Black | 2 /8 15 | 72 _{YRS} | ONIAS BAT HOURS MIN | | | | |
| 7a 1 | | TO CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY | OF DEATH | | | | |
| | Md. | USA | WIDOWED TO DIVORCED | MONTGOMERY | MD | | | | |
| 10 0 | CITY OR TOWN OF DEATH | 11 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) | G HOME OR OTHER INSTITUTION | 12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE | 126 KIND OF BUSINESS OR INDUSTRY | | | | |
|) S: | ilver Spring | 15414 Holly | Grove Road | Retired | WSSC | | | | |
| USI 13a | UAL RESIDENCE LIF NURSING HOME OR C STATE 13b COUN | TY 13c CITY OR TOW | N 113d INSIDE CITY LIMITS? | 136 STREET ADDRESS / ZIP CODE | | | | | |
| | MD Mont | g. Silver | Spring NO | 15414 Holly Gr | rove Rd/2090 | | | | |
| ALC | | AIDDLE LAST | 15 MOTHER'S MAIDEN NA | MIDDIE | LAST | | | | |
| | Roland (| | | ances Cedric | | | | | |
| | WAS DECEASED EVER IN U.S. ARA (YES, NOORUNKNOWN) YES WWI | WAR OR DATEST | | ADDRES 130 A | wkard Lane | | | | |
| / _ | Yes WWI | 1 215-38- | -3431 Roland Cod | ok (Bro.)Silver | | | | | |
| | 18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED | y one couse per line for to . (b) and | | in a | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | |
| | | CAUSE (a) KESPI | MATORY PHICH | re . | | | | | |
| | | DUE TO OR AS A CONSEQUE | NCE OF CALLES | 000 1 101111- | Q115 | | | | |
| | Conditions, if ony, which (16) DUE TO OR AS A CONSEQUENCE OF PANOCRETATIC CARGNOMA 9 MO | | | | | | | | |
| | gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF | | | | | | | | |
| | underlying cause last | (10) | | | | | | | |
| | | ONDITIONS CONTRIBUTING TO D | DEATH BUT NOT RELATED TO THE TERM | NINAL DISEASE OR CONDITION GIVE | N IN PART 1 o | | | | |
| CERTIFICATION | | | | | | | | | |
| 7 F | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | | WERE FINDINGS USED | | | | |
| / E | | | | | NO [| | | | |
| 5 8 | 210 ACCIDENT WAS UNDERLYING | 21b TIME OF INJURY HOUR AM MONTH DA | | RED (ENTER NATURE OF INJURY IN ITEM 18 PA | RT OR PART 21 | | | | |
| 7 ₹ | OR CONTRIBUTING CAUSE OF DEAT | H . | 19 | | | | | | |
| MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY | 21f LOCATION STREET | CITY OR TOWN | (OUNTY LATE | | | | |
| ξ | WHILE NO WHILE | (AT HOME STREET FACTORY OFFICE F | ARM ETC SINEE! | C C | | | | | |
| | | al) ottended the deceased from_ | Feb 19.87 | 10 9 61 | 9 77 that if wellast | | | | |
| | sow the deceased alive on | 28 Just 19 8 | ond that in (my) (esc) opinion | death occurred on the date and hour | | | | | |
| | oboxe, (I) (we) did (did not 22b SIGNATURE | view the body after death | DEGREE | | 224 DATE SIGNED | | | | |
| | 7 20 | 5 406-61 | | MEDICAL STAFF DIRECTOR PHYSICIAN | 10/8/87 | | | | |
| 7 | 22d PHYSICIAN'S NAME (TYPE OF | Cross | PHYSICIAN* | DIRECTOR PHYSICIAN | 10/0/0/ | | | | |
| /1 | | | | 1- Ct D4 O | 1 1/4 20022 | | | | |
| /_ | DONALD E DIL | | | andy Spring Rd. O | Iney, Md. 20032 | | | | |
| 73a | BURIAL, CREMATION REMOVAL | 7.0 | NAME OF CEMETERY OR CREMATORY | 73d LOCATION CITY OR TOWN | STATE STATE | | | | |
| - | Burial | 10-7-87 As | sh Memorial Cem | Sandy Spring | | | | | |
| 84 | FUNERAL DIRECTOR | ADDRES: | 1 20050 OC | TE REC D. BY REGISTRAR 756 REGIST | Cordon Condata | | | | |
| | George R. Snow | vden Rockvil | Le, MD 20850 | - 001 | | | | | |



06855

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 855 | 1 0 | | FC 57 | OR ATE GISTRAR | | DEPARTI | | EALTH AND MENTAL HYG ICATE OF DEATH | TENE REG N | 0 | | | | |
|--|-------------------|----------------|----------|---|--------------------------------|---------------------------------------|----------------|--|---|--------------------------------------|-------------------------|--|--|--|
| | | | DÉCEA | SED NAME FIRST | | MIDDLE | l | AST | 20 DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR | | |
| oy be | | 1 | THE OR P | L | J | EAN | CO | OMBS | OCTOBER 10 | .1987 | | 3:35 Pm | | |
| E | | 3. | SEX | | 4. RACE | | S. DATE C | | 6 AGE (IN YEARS LAST BIR | | INDER I YEAR | IF UNDER 24 HRS. | | |
| rector | | | | FEMALE | LIH | ITE | ADDT | L 2, 1946 | /, 1 | YRS | THO! DAY! | HOURS MIN. | | |
| Page | (e) | 70 | BIRTH | PLACE (STATE OR FOREIGN | | WHAT COUNTRY? | 0 | | 9 BALTIMORE CITY C | | DEATH | | | |
| death Page 4 | 10 (| | New | Hampshire | USA | Δ | WIDOWE | D NEVER MARRIED XX | MONTGOME | PV COUN | TV | 440 | | |
| e for | 405 | 10 | CITY | | 11. NAME OF | HOSPITAL, NURSIN | IG HOME C | | PA USUALOCCUPATA | ION 1 | 126 KIND OF | BUSINESS OR | | |
| urs after in by the | e de septembre | 4 | | ETHESDA ESIDENCE (IF NURSING HOME OR | NIH, TH | HE CLINIC | AL CE | | Research Ar | | George t Unive | own csity | | |
| 4 ho | 200 | / 13 | o STA | TE IND COUN | TY | 13c CITY OR TOW | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | | | | | |
| in 2 y fill show | B | | | TILLI | imore | BALTIMO | RE | YES NO | 9118 DEVIA | TION RD | . 2 | 1236 | | |
| with letel | /E | 2 | FATHE | ER'S NAME FIRST | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | ME MIDDLE | | LAST | | | |
| omp omp | 1/3/ | 1 | | Albert | L. | | ombs | Carol | | | Zin | nowski | | |
| be execu | medico | 16 | | | MED FORCES? E WAR OR DATES) | 166 SOCIAL SECU | | MRS. CAROLYN | COOMBS, MOT | 20 | 9 PLEA LACONI | SANT ST. A.NH 0324 | | |
| Sicio | - G | | 18 | CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED | y ane cause per | r line for (o), (b), an | d (c· | | | | APPROXIMA BETWEEN ON | ATE INTERVAL | | |
| rtific phy n po | emo | | | PART I. DEATH WAS CAUSED IMMEDIAT | D BY: E CAUSE (a) | CARDIOPU | LMONA | RY ARREST | | | 10 MI | NUTES | | |
| then then then the the | all certain on, o | | 9 | onditions, if any, which ave rise to immediate ause (a), stating the inderlying cause lost | (b) DUE TO, O | R AS A CONSEOUI | ARCOM. | | | | 7 YEARS | | | |
| | | 2 | PA | RT 2 OTHER SIGNIFICANT C | onditions <u>c</u> | ontributing to i | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN | IN PART 1 a | | | |
| 10 20 | | NOITA DISTRACT | 190 | DATE OF OPERATION | 19b COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b IF YES, W IN CERTIFYIN YES | IG CAUSES O | | | |
| Clan 1 g physic arthrots | Part Hyg | | | ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA | In . | DF INJURY M. MONTH DA M. | AY YEAR | 21c HOW INJURY OCCURR | RED (ENTER NATURE OF INJUI | RY IN ITEM 18 PART | OR PART 21 | | | |
| O PHEN OF THE PER OF T | And M | IA DICTAN | AT | MILE NOT WHILE AT WORK | (AT HOME, ST | OF INJURY REET, FACTORY, OFFICE, F | | 21f LOCATION STREET | CITY OR TO | | COUNTY | STATE | | |
| ATTENDE Hotal or CTOR A | of Health | ١ | | I certify that X. (this hospit saw the deceosed alive or obove XI) (we) (did) XIX | ol) attended the OCTOBEA | desposed from _ 10 | <u>87</u> , or | nd that in (Xy) (our) apinian o | to <u>OCTOBER</u> death accurred on the do | 10 195 ote and hour an | nd fram the co | | | |
| TAL OR y the his RAL DIRE dehictor | AT. If the | | | SIGNATURE TO | half | 1 | | | MEDICAL STAI DIRECTOR PHYSIC | IAN O | 22c DATE SI | GNED 10/87 | | |
| TO FUNE | MPORTAL | | 5 | STANL PKO | w TZ | | | National Ins | | Health | Beth., | Md. | | |
| BP | 18.8 | | Bu | al, cremation, removal Mial | 236. DATE 10-14- | | | emetery or crematory spect Cemeter | | | Essex | M'A'E | | |
| DHMH - 16 6 (VRA 15 | | | | raldirector S/Rinaldi Fun | eral Ho | me 11800 Silver | | Ave., OCT | RECD. BY REGISTRAR | | r's SIGNATUI | The state of the s | | |

068315

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| OCT 13 | 87 | STATE REGISTRAR | | DEPART | | ICATE OF DEATH | REG NO | | 4 |
|---|---------------|---|----------------------------------|---|------------------------|--|---|---------------------|--|
| | | CEASED NAME FIRST | | WIDDEE | | A51 | 20. DATE OF DEATH MON | ITH DAY YEAR | 2b HOUR |
| death death | 11,176 | Mary | | L. | C | orbin | October 5, | 1987 | 5:25a.M |
| er of | 3 SE | (| 4 RACE | | 5. DATE O | OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDA | | |
| rs of | | Female | Cauca | sian | Dece | mber 31, 1919 | 67 | YRS | HOURS MIN |
| 3 Lis 1 | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 14 | DAN NEVER MARRIED | 9 BALTIMORE CITY OR CO | OUNTY OF DEATH | |
| g / | | Michigan | Unite | d States | WIDOWE | | Montgomery | County | MD. |
| ontied . | 10 C | TY OR TOWN OF DEATH Bethesda | (IF NOT IN SL | HOSPITAL, NURSIN ICH FACILITY, GIVE STREET Uburban 11:0 | ADDRESS) | OR OTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Secretary | POS | of BUSINESS OR RYU.S. |
| ld be fi | 13a S | AL RESIDENCE (IF NURSING HOME TATE 136 CO | OR OTHER INSTITUTION | 136 CITY OR TOW | ADMISSION) | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIF | CODF | |
| See See | _ | | rgomery | Bethesd | 3 | YES NOXX | 4507 Traymo | re Street | :/20814 |
| exolution (| 14 +4 | THER'S NAME FIRST Herbert | MIDDLE H. | Hodge | | 15 MOTHER'S MAIDEN NAM | T. | Fer | guson |
| medical | | VAS DECEASED EVER IN U.S. | ARMED FORCES? | 16b SOCIAL SECU | RITY NO. | 17 INFORMANT Willi | am H. Corbin | 4507 Tra | ymore Stree |
| e de | | No | | 218-38-9 | 755 | Bethe | esda, Marylan | d 20814 (| Husband) |
| E - | | 18 CAUSE OF DEATH (Enter | only one cause pe | | | | | APPR BETWE | OXIMATE INTERVAL EN ONSET AND DEATH |
| emo | | PART I. DEATH WAS CAU IMMEDI | ATE CAUSE (a) | PNEUN | ONIG | 1 | | | month |
| lease remove co ial, cremation, o or other trauma | | Conditions, if any, which gave rise to immediate cause a stating the underlying cause last | DUE TO, C | DR AS A CONSEQUE | NCE OF | | | 1 | O YEARS |
| Then p ir to bur injury, | NOI | CHRONIC | | | | NOT RELATED TO THE TERM NELHAN: CAL | WENT LATIC | | Ια |
| t permit | CERTIFICATION | 19a DATE OF OPERATION | 196 CONE | DITION FOR WHICH | OPE R ATIO | N WAS PERFORMED | 20a AUTOPSY? 201 YES NO | LETTIFYING CAUS | DINGS USED SES OF DEATH? NO [|
| notal Hyg | | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN | DEATH HOUR A | OF INJURY A.M. MONTH DA | YEAR | 21c HOW INJURY OCCURR | ED (ENTER NATURE OF INJURY IN | ITEM 8 PART OF PART | 7 |
| h and Me | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | | OF INJURY TREET FACTORY OFFICE, F | ARM ETC) | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| for use of Healt | | 22a. certify that III (this has saw the deceased alive above. (I) (we) (did) (did) | 5 04 | | | ective 19 86 and that in (my) (our) opinion of | to Sourced on the date of | 17 4 | _, that (I) (we) last the causes stated |
| detached ate Dept IT: If Hem | | 226 SIGNATURE | ulfry | And | p | DEGREE ATTENDING PHYSICIAN | | _ _ | CTASK 1987 |
| with the Ste | | TPH~ E. | YERG | It mi |) | 5401 WESTERN | AVE NW | | 20015 |
| ~ 3 <u><</u> F | | URIAL, CREMATION, REMOVA SPECIFY) Burial | 1 /. 1 | 987 R | ock C | EMETERY OR CREMATORY reek Cemetery | 23d LOCATION CITY OF TOWN Washingt | on, D.C. | STATE |
| 16 60M 7/84 A 15, 4) | 24 Ft 75 | Neral Director Rober Name Bethe 57 Wisconsin | rt A. Pu esda-Che Avenue B | mphrey Fur vy Chase ethesda, M | neral Inc. aryla | Home/ 250. DATE of 20814 | O 9 1987 Auf | REGISTRAR'S SIGN | LATURE |

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| | | Machines | | Christian | |
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| | | No males | | | |
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| Santa Anna | | | 45-0/13-6 | | |
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| | King (In) | | | 3 Sayate | |
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| 288 60 L | | | | | |

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO SEL EASED NAME SAMUEL J. In DATE OF DEATH MONTH CORDEN SAMUE CORDON 10 3 SEX 4 RACE 5 DATE OF BIRTH May 14, 1922 YEAR White Male TO BIRTHPLACE IN ATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania Montgomery County U.S.A. WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION Montgomery General Hospital PRESTON ST., BALTIMORE, MARYLAND 2129 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 135 COUNTY 136 CITY OR TOWN Howard 113d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Clarksville 14070 A Brighten Dam Rd 21029 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Joseph Corden Charlotte Zolla 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 210 03 9033 14070A Brighten Dam Rd Mrs Yolanda Corden 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b) and (c) PART + DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ POST NEROTIC Conditions, if any, which gave rise to immediate cause a stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. CERTIFICATION ESOPHAGE 206 IF YES, WERE FINDINGS USED 4-3041 190 DATE OF OPERATION 20a AUTOPSY OF NEW DENVER THE ACCIDENT WAS UNDERLYING HOUR AM, MONTH DAY YEAR DECOMPRISHED THE CAUSE OF DEADER MEDICAL OF EITHER NESTED WEDT, IN CRAMPHER 214 INJURY OCCURRED THE PLACE OF PUBLICA DISTORY ON YOUR EAT HOME STREET, ENCYGEN SPECE CHEEK BYCK and D to the D 22s.1 certify that (this haspital) attended the deceased from 87 and that in DEGREE MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN ORTANI Burial Oct. 16'87 Mt Carmel Jenner Cross Roads Pennsylvani

DHMH = 16 60M 7/B4

(VRA 15, 4)

FUNERAL HOME INC

STATE OF MARYLAND

26 HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

35434

OCT

FOR

STATE OF MARYLAND

3

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| T -7 | 87 | FOR STATE REGISTRAR | | DEPARTM | | EALTH AND MENT | | REG. NO | | | | |
|-------------------------|---------------|---|--|----------------------------------|------------------------|------------------------------------|------------|---|---------------|------------|--------------------|------------------------------|
| | 1 DE | CEASED NAME FIRST | M | IDDLE | L | AST | | | MONTH | DAY | YEAR | 26 HOUR |
| | | ORPRINT) Mac | - | 7. | C | of | | / | 10 | 3 | 87 | 130 p |
| | 3 SE | × | 1 RACE | 1 | 5. DATE O | F BIRTH | (EAR | 6 AGE (IN YEARS LAST BIRT | | MUNTHS | DAYS | IF UNDER 24 HRS HOURS MIN |
| 9 | | IRTHPLACE (STATE OR FOREIGN COUNTRY) | b CITIZEN OF W | SA | 8 MARRIEI WIDOWE | NEVER MARR | | Meritae | R COUN | TY OF DE | ATH | NE MD |
| 8 | 10 C | Bellesla | | OSPITAL, NURSING | | ROTHER INSTITUTION | ION | 120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF SECRETARY | | HE IND | USTRY | F BUSINESS OR Governmen |
| y | 13a S | ALRESIDENCE (IF NURSING HOME OR STATE 136 COUN Aryland Montg | TY | Bethesda | 4 | 13d INSIDE CITY LI YES 🔯 NO | | 13e STREET ADDRESS / 5301 Westh | zır co ard | DE Circ | le. | Apt#303 |
| 10 | 14. EA | ATHER'S NAME FIRST Clement | NIDDLE | Jacques | | 15. MOTHER'S MAI FIRST Marga | | E MIDDIE | | So | ulie | re |
| medico | | WAS DECEASED EVER IN U.S. ARA | MED FORCES? WAR OR DATES) | 166 SOCIAL SECUE | | 17 INFORMANT (Nephev | y) | ADDRE Hayer ns.Haverfor | | | | yanja. |
| ury, ar ather traumatic | z | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost | DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO | AJACONSEOUE | | Lardior NOT RELATED TO I | HE TERMIN | n 9/27/87 Scherat Julan Dro NAL DISEASE OR CONI | TO LAS | e diven in | PART Ita | varo_ |
| ows-duy in | CERTIFICATION | 190 DATE OF OPERATION | 19b. CONDIT | ION FOR WHICH (| OPERATION | N WAS PERFORMED | | 200 AUTOPSY? | IN CER | ES, WERI | E FINDIN CAUSES | GS USED OF DEATH? NO |
| Item 18 sh | MEDICAL CER | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | P.N | a. month da a. | Y YEAR | | OCCURRE | D (ENTER NATURE OF INJUR | Y IN ITEM II | 8 PART OR | PART 71 | |
| orked ar | WED | 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE O | F INJURY ET FACTORY OFFICE FA | RM ETC) | 21f LOCATION | 10 | CITY OR TO | WN. | (0 | UNTY | LATE |
| m 21 is mo | | 220.1 certify that (1) (the sow the deceased alive on | 9/2 | deceosed from | / | | opinion de | to 10 , to eath occurred on the do | te and h | | rom the c | |
| MPORTANT: If Item 2 | | Dischel) | 1) HE | doyl | 11) | DEGREE ATTEN | | MEDICAL STAF | F IAN [] | 22 | 10 | 3/87 |
| MPORTA | | MICHEL NYPE 9 | 1. HE | EALY | MD | 5652 S1 | hiele | Is Dr. Be | The | Sda | M. | D 20817 |
| _ | | BURTAL, CREMATION, REMOVAL (SPECIFY) Cremation | 236 DATE 10-4-8 | | | emetery or crem | ATORY | 23d LOCATION CITY OR TOWN Washingt | con, I | O.C. | ITΥ | NIATE |
| 7/84 | | UNERAL PRECION Lee's | Sons Co | mpany | | | 250 DATE | | 25b, REGI | STRAR'S | SIGNAT | IRE |
| | 30 | 00 4th St. N.E. | Washing | ton, D.C. | . 220 | 002 | OCT | 05 1987 | Julia | Danie | ومديم | Codada |

DHMH = 16 60M 7/84 (VRA 15, 4)

BP.

167813 661-767

(VRA 15, 4)

STATE OF MARYLAND

| 067755 OCT | FOR 1 - STATE -7 GTGISTRAR | DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH REG. NO | | | | | | | | |
|--|---|--|---|--|--|--|--|--|--|--|
| noy be poge 3 | 1 DECEASED NAME (TYPE OR PRINT) | | TECTATO | 10 2 | DAY YEAR 26 HOUR 10 AM | | | | | |
| ge 4 mc | Male Male | White S DATE C | t. 10,1922 | 6 AGE (IN YEARS LAST BIRTHDAY) 64 YRS | IF INDER YEAR IF INDER 4 HK | | | | | |
| in 72 h | To BIRTHPLACE THE OR FOREIGN COUNTRY) Conn. | USA WHAT COUNTRY? 8 | NEVER MARRIED DIVORCED | MONTG | OMERY MD | | | | | |
| by the filed with ited with | TO CITY OR TOWN OF DEATH A | 11. NAME OF HOSPITAL, NURSING HOME OF HOME OF HOSPITAL, NURSING HOME O | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII Mail Carrier | 126 KIND OF BUSINESS OR INDUSTRY U.S. Govit. | | | | | |
| in 24 hours filled in ould be | USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 131 COU | | 138 INSIDE CITY LIMITS? | 13. STREET ADDRESS / ZIP CODE 1116 W. King | | | | | | |
| MARYLA ed within mpletely ond 2 sh | 14 FATHER'S NAME FIRST | MIDDLE LAST Payne Craig | 15 MOTHER'S MAIDEN NAME FIRST The Tale To Tale The Tale Tale Tale Tale Tale Tale Tale Tal | ME | lly LAST | | | | | |
| IMORE, | 160 WAS DECEASED EVER IN U.S. A | RMED FORCES? 166 SOCIAL SECURITY NO | 17 INFORMANT Jean Deardo | ADDRESS | Item 13 | | | | | |
| T., BALT | PART I DEATH WAS CAUS | only one couse per line for lo, lb, ondic ED BY ATE CAUSE (a) Addition | ght Jeurs | brue the | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| he death cert ne offending move corbo motion, or re- | Canditions, if any, which | DUE TO, OR AS A CONSEQUENCE OF | Herenskag | . Sufact | lnes | | | | | |
| W. of the core | gave rise to immediate couse 101, stating the underlying couse last | DUE TO, OR AS A CONSEQUENCE OF | Weller he | aucut | neuite | | | | | |
| RDS, 201 equires than signed to the pleo | | CONDITIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION GIV | EN IN PART I a | | | | | |
| NG PHYSICIAN The low requiremented physician attending physician after this certificate has been signs in the buriof-tronsit permit. Then the ond Mental Hygiene prior to borked or frem 18 shows ony injury | 190 DATE OF OPERATION 710 ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH OPERATIO | n was performed | IN CERTIF | S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO | | | | | |
| NOF VITAL SICIAN The certificate has real-transit pental Hygier femal 18 shown | OR CONTRIBUTION CANEER OF D | HOUR A.M. MONTH DAY YEAR | 21c HOW INJURY OCCURE | RED (ENTER NATURE OF INJURY IN ITEM 18 8 | PART OR PART 2 | | | | | |
| IVISION UG PHYS attending ter this c s the bur n and Me | ORCONINBUTING CAUSE OF DI | 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.) | 211 LOCATION STREET | (ITY OR TOWN | COUNTY STATE | | | | | |
| TTENDIN TTENDIN TOR Af for use of theolitic | | oital) attended the deceased from 9/- n 19 | d that in (my) (our) opinion (| deoth occurred on the date and hou | 1957 that it (we lost and from the couses stated | | | | | |
| AL OR A the hos AL DIREC etoched of Dept | 276 SIGNATURE | | DEGREE ATTENDING PHYSICIAN [Z | MEDICAL STAFF DIRECTOR PHYSICIAN | 271 DATE SIGNED | | | | | |
| O HOSPITAL etonned by it TO FUNERAL should be det with the Stote | 228 PHYSICIAN'S NAME (TYPE | ORDRINII | 27. ADDRESS 8808 HLD DE | (1) | OTHE LID | | | | | |
| 0 % 0 % 3 <u>8</u> | 730 BURIAL, CREMATION, REMOVA | | EMETERY OR CREMATORY Saviour | 23d LOCATION CITY OF TOWN YORK | York, Pa. | | | | | |
| DHMH 16 60M 7 84 (VRA 15. 4) | 74 FUNERAL DIRECTOR OTin L. Mole | sworth, P.A., Damascus, | | EREC'D BY REGISTRAR ASB REGIST | RAP'S SIGNATURE | | | | | |

BALTIMORE,

DIVISION OF VITAL RECORDS,

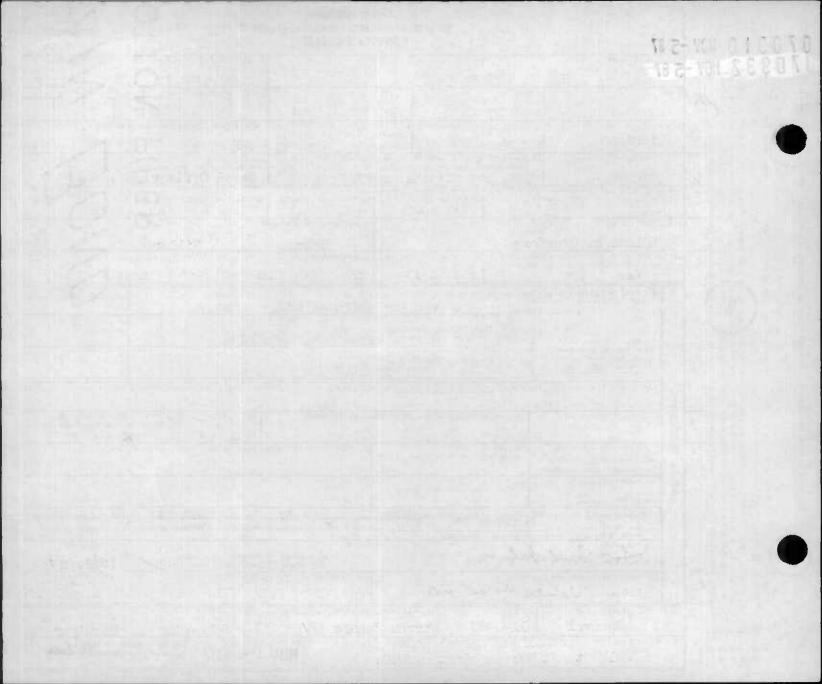
ā 00

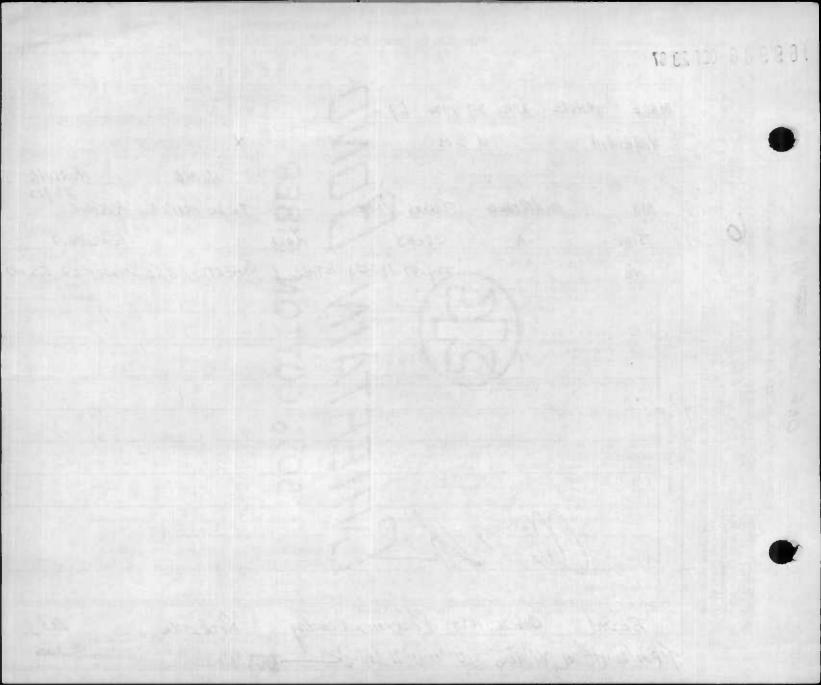
MPORTAN

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGITHE CERTIFICATE OF DEATH

TO DATE OF DEATH MONTH DECFASED NAME 2h HOUR INTI REX FREDERICK OCTOBER 29, 1987 CRAWFORD 6 AGE LIN YEARS LAST BIRTHDAY 4 RACE 5 DATE OF BIRTH MONTH 14, 1948 MALE WHITE JUNE 39 YRS O BIRTHPLACE INFATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Michigan DIVORCED [MONTGOMERY COUNTY WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Naval Officer Ret) BETHESDA NIH, THE CLINICAL CENTER ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? BAY PORT 678 SHORE ROAD. 48720 NO [MICHICAN 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Leland E. Crawfore Helen Miller 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 365-48-1344 MRS. LUCY CRAWFORD (wife) SAME AS ABOVE APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIAC AND RENAL FAILURE IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF METASTATIC RENAL CELL CARCINOMA Conditions, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES X YES S 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART / HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM ETC) AT WORK NOT WHILE to OCTOBER 29 19.87 and that in (m) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 226:SIGNATURE DEGREE Conduction. PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) NATIONAL INSTITUTES OF HEALTH, CC. 9000 ROCKVILLE PIKE, BETHESDA, MARYLAND 20892 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Removal Warren Juenger F/H Sebewaing 24 FUNERAL DIRECTOR Marshall's 250 DATE REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE The Deviden Pendage DHMH 16 60M 7/84 4217 9th St NW: Washington, D.C.





STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGTENE

| 2 | 181 | FOR STATE REGISTRAR | | DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO | | | | | | | |
|-----|---------------|----------------------------------|------------------------------|--|-------------|-------------------------------|--------------------------------------|---|--|--|--|
| | | CEASED NAME FIRST | | MIDDLE | 1 | 1ZA. | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR | | | |
| | (TYPE | ORPRINT) VIR | GINIA | | CR | OWE | OCT. | 5. 87 7.50 p. | | | |
| | 3 SE) | | 4 RACE | | 5 DATE O | | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER YEAR IF UNDER THE | | | |
| | | Female | WH | ite | MONTH | 2 29 93 | 93 YR | MONTHS DATS HOURS MIN | | | |
| 1 | | RTHPLACE I LATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | D NEVER MARRIED X | 9 BALTIMORE CITY OR COU | NTY OF DEATH | | | |
|) | | entucky | U.S.A. | | WIDOWE | | Montgomery | MD | | | |
| 2 | 10 CI | ITY OR TOWN OF DEATH | 11. NAME OF | | | OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 126 KIND OF BUSINESS OR | | | |
| 2 | | KonA PARK | Herit | AGE He | | CARE CENTER | Lylled. Tech | Vet. Adm. | | | |
| 3 | 13a S | AL RESIDENCE (IF NURSING HOM | E OR OTHER INSTITUTION DUNTY | 130 CITY OR TOW | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CO | ODE | | | |
| | Ma | aryland Mo | ontgomery | Takoma : | Park | YES X NO | | Ave. 20912 | | | |
| 4 | 14 FA | ATHER'S NAME | WIDDIE | LAST | | 15 MOTHER'S MAIDEN NA | ME | LAST | | | |
| 2 | | | mas | Crowe | | Clara | M. | Roth | | | |
| 7 | | VAS DECEASED EVER IN U.S. | ARMED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDRESS | 110 011 | | | |
| | () | NO NO OR UNKNOWN) (IF YES | GIVE WAR OR DATES) | 579-58- | 1468 | Merwin Crow | e,1015 Greenlea | f, Wilmette, Ill. | | | |
| | | 18 CAUSE OF DEATH Ente | only one couse per | line for (a), (b), on | dic | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | |
| | | PART I. DEATH WAS CA | DIATE CAUSE (a) | CARDIC | 7- Pu | 12MOMARY | ARREST | | | | |
| | | | DUE TO O | R AS A CONSEQUE | NCE OF | | - | | | | |
| | | Conditions, if any, which | | ARTE | Rios | cherotic b | TEART DISEA | se loupe. | | | |
| | | gove rise to immediate | 1 | R AS A CONSEQUE | NCE OF | | | | | | |
| | | underlying couse lost | (6) | K AS A CONSEQUE | 1402 01 | | | | | | |
| | | PART 2 OTHER SIGNIFICAL | NT CONDITIONS CO | ONTRIBUTING TO E | DEATH BUT | NOT RELATED TO THE TERM | AINAL DISEASE OR CONDITION | GIVEN IN PART 1 rg | | | |
| | ŏ | HYPO | THYROidi | - 11 | ONIC | PARTIAL T. | | OBSTRUCTION. | | | |
| ex. | ATE | 190 DATE OF OPERATION | 19b COND | | | N WAS PERFORMED | 20a AUTOPSY? 20b IF | YES, WERE FINDINGS USED | | | |
| 1 | TEK | | | | | | YES NOT IN CE | RTIFYING CAUSES OF DEATH? | | | |
| 1 | CERTIFICATION | 210 ACCIDENT WAS UNDERLYING | | | | 21c HOW INJURY OCCUR | RED (ENTER NATI HE OF INJURY IN ITEM | | | | |
| 7 | | OR CONTRIBUTING CAUSE OF | DEATH | M. MONTH DA | | | | | | | |
| | MEDICAL | 21d INJURY OCCURRED | 21e PLACE | | 19 | 21f LOCATION | | | | | |
| | ME | | | REET FACTORY OFFICE F | ARM ETC) | STREET | CITY OR TOWN | OUNTY | | | |
| | | AT WORK AT WORK | | | | 02 | - 1007 5 | 4.5 | | | |
| | | 22a I certify that (I) the h | | e deceosed from_ | 87 | . 19_0 | | 19 D that I (was lost | | | |
| | | above (h (la faid) (la | view the body | ofter deoti | 01 | nd that in (my) (out) opinion | deoth occurred on the dote and | | | | |
| | | 226 SIGNATURE | v . 6 | HI'N | 2 | DEGREE ATTENDING | MEDICAL STAFF | 224 DATE SIGNED | | | |
| | | JULA | lon C | nuce | m | PHYSICIAN | DIRECTOR PHYSICIAN | 10/3/87 | | | |
| 1 | | 22d PHYSICIAN'S NAME IT | | 11.1. | | 22e ADDRESS | | | | | |
| 4 | | WILLIAT | | | M.D. | | | N. WASH. D.C. 20008 | | | |
| | | BURIAL, CREMATION, REMOVE Burial | | | | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | STATE YINUC | | | |
| | | | 10-9- | -87 F | ulton | Cemetery | Fulton | Kentucky | | | |
| | | UNERAL DIRECTOR | | ADDRESS | | l nc | T 1 6 4007 | SISTRAR'S SIGNATURE | | | |
| | J | Toseph Gawler' | s Sons,51 | 30 Wis.A | ve.N. | W. Wash. D. C. | 1 10 1301 800 | m Marrath L. Vannage | | | |

DHMH = 16 60M 7/8

BP.

IMPORTANT If Item 21 is marked or Item 18 shows any injury, or other trans

| | WroneganoW | | | . A | ·uta |
|--|--------------|---------------|---------------|--------------|-----------|
| · 加州 · · · · · · · · · · · · · · · · · · | Retrievel | | | | |
| STRUS | 7525 Carroll | | Poleom Ports | Prompagnow | bunlyrult |
| dini | .ж | arra(C) | Crown | Shows | mattten . |
| r, wilmette, Ill. | seimen stof. | Herwitz Crown | 8391-19.003 | | |
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| and the | | | | | |
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| | | | | b 40° | |
| | | | | 9 - 43 | |
| | | | | | |
| volon sank. | mod Siff | come bear | mod Line - 5% | so m | Colony |

"Compil Cayler's Some, 1350 Mas. ave. R. V. Maga., p. 807 1 8 887

STATE OF MARYLAND

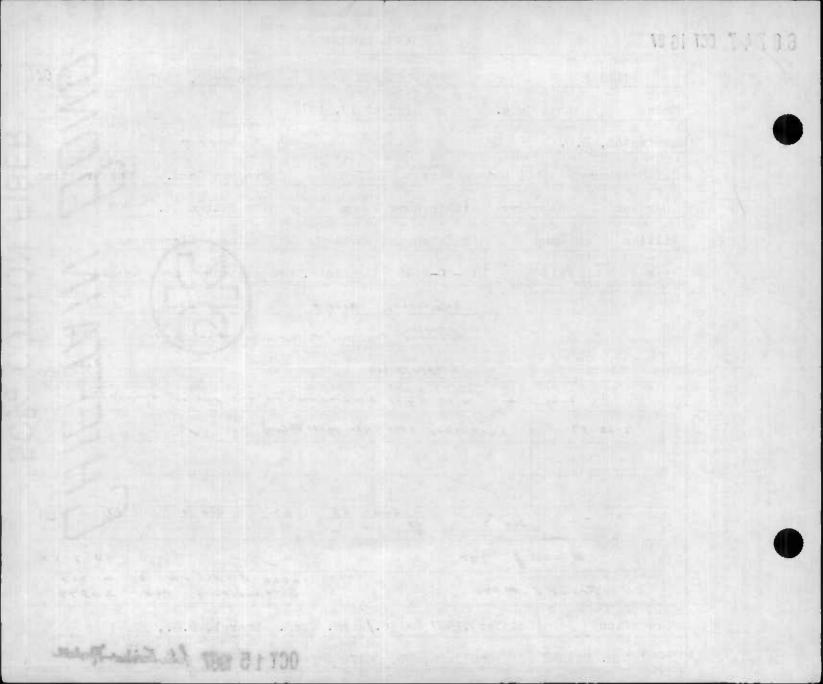
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | | | | | | | REG N | 0 | | | | |
|---|---------------|---|------------------|----------------------------------|-------------|--|----------------------------------|----------------|-------------------------------|----------|-----------|--------|
| | | CEASED NAME FIRST | | MIDDLE | | ASI | 20 DATE OF DEATH | MONTH | DAY | YEAR | 26 HOU | JR |
| | | WILLIAM | A | CRUI | CKSH | ANK | October 7, | 1987 | | | 8 | 00 M |
| | 3 SEX | (| 4 RACE | | 5 DATE (| | 6 AGE TINYEARS LAST BE | RIHDAY | IF INDER | FAR | # NUE | RIAHRI |
| | Ma | le | Cauc. | | Augus | st 19, 1927 | 60 | YRS | 277 | DAG | HOURS | MIN. |
| - | | RTHPLACE ATE C - FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | D W NEVER MARRIED | 9 BALTIMORE CITY | OR COUNT | Y OF DE | ATH | | |
| | Vas | hington, B.C. | US | SA | | ED DIVORCED | Montgomer | У | | | | MD |
| 1 | 10 CT | TY OR TOWN OF DEATH | | HOSPITAL, NURSING | | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | | | | F BUSIN | ESS OR |
| | | ithersburg | 101 Hut | tton Stree | t 20 | 0877 | Project Co | | Cor | nstr | cuct: | ion |
| 5 | 13a S | ALRESIDENCE IF NURSING HOME OF TATE 136 COUR Monte | | 130 CITY OR TOWN Gaithersb | 1 | 13d Inside City Limits? YES [X] NO [] | 13e STREET ADDRESS 101 Hutton | St. | DE 208 | 877 | | |
| 3 | Wi | | middle nn | Cruicksh | 60 | Dorothy Wil | lhemina V | | chen | A' I | | |
| 1 | | VAS DECEASED EVER IN U.S. AF | MED FORCES? | 166 SOCIAL SECUR | | 17 INFORMANT | ADDR | | | | | |
| | | es WWI | | 215-20-41 | 86 | Jennie S. Cru | uickshank | Same | as 7 | , | | |
| | | 18 CAUSE OF DEATH Enter of PART I DEATH WAS CAUSE | | rline fair a lib and Respire | | Accest | | | BE | | MATE INTE | |
| | | Canditions, if any, which gave rise to immediate cause a stating the underlying cause last | DUE TO, C | OR AS A CONSEQUEN | NCE OF | op. story Polluse | with lot put | n. w./r | | | YR. | |
| | | | (c) | Emplos | | | | | | | | |
| | NOI | PART 2 OTHER SIGNIFICANT | Comer | with R | 941 | A wer mo weets m | INAL DISEASE OR CON | IDITION GI | VEN IN P. | | | |
| 2 | CERTIFICATION | 190 DATE OF OPERATION 2 - 12 - 177 | | | | NWAS PERFORMED | YES NO | | S, WERE IFYING C. ES [] | | | TH? |
| 7 | MEDICAL CE | ?10 ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE | ATH HOUR A | .M. MONTH DA | Y YEAR | 21t HOW INJURY OCCURE | RED ENTERNATIME OF N | IR + IN ITEM 8 | PART RP | AH. | | |
| | MED | AME NOTWHEE ATWORK | | OF INJURY REET FACTORY OFFICE FA | | TREET | 'y OR 10 | OWN | Lou | NI | | TATE |
| | | 270 certify that (La)(this hosp sow the deceased alive ar abave, (1) (well(did) (did no | ot view the body | ne deceased fram | | nd that in (my) (aur) apinion (| | | ur and tro | am the c | | tated |
| | | 276 SIGNATURE | - A J. 7. | | | | MEDICAL STA | FF CIAN [] | 220 | | SIGNED | |
| | | 22d PHYSICIAN'S NAME (TYPE OF | J. MA | Yo | | | thor, ourg. | | Rd. | | 877 | |
| | | urial, Cremation removal remation | | | | -/Wash. Crem. | Laurel, P | | | | 1 | TATE |
| | | URIEL H. BARBE | R. LAYTO | NSVILLE. | MD | | E REC D. BY REGISTRAN | 256 REGIS | | | | 2 |

DHMH 16 60M 7 /8 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signe should be detached for use as the burial-transit permit. Then played the State Dept. of Health and Mental Hygiene priar to bur IMPORTANT: If Item 21 is marked or Item 18 shows any



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| ICT P | 0 | L ASSESSED | | | | | REG. NO | | | T |
|-------|------------|---|-------------------|-----------------------|--------------|----------------------------|----------------------------------|------------------|--|------------------|
| | | ORPRINTI | WEHE | Evans | CU | NNING HAM | 20 DATE OF DEATH MOT | | - 87 | 26 HOUR 6.45 A |
| | 3 SEX | ζ | 4 RACE | | 5. DATE OF | BIRTH | 6 AGE (IN YEARS LAST BIRTHDA | Y) IE I | NUER HEAR | IF IN DER 24 HRS |
| | | emale | Caucas | ian | May | 25, 1893 | 94 | W JN | 111 1007 | MIN AIN |
| | 70 BII | RTHPLACE INTATE OF FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | .8 | | 9 BALTIMORE CITY OR C | OUNTY OF | DEATH | |
| A | | ansas | United | States | WIDOWED | NEVER MARRIED _ DIVORCED [| Montgomer | y Cour | nty, | MD |
| 1 | | TY OR TOWN OF DEATH | | HOSPITAL, NURSIN | | OTHER INSTITUTION | 120 USUAL OCCUPATION | ORKING LIFE! | INDUSTRY | F BUSINESS OR |
| 1 | _ | nevy Chase | | | | t & Nurs. C | t Housewife | | Own Ho | ome |
| 1 | | TATE 136 COL | | 130 CITY OR TOW | N [1: | BE INSIDE CITY LIMITS? | | | 40 | 1499 |
| | | | ook | Northbr | | YES NO | 2096 Woodlar | vn Roa | id / 6 | 0062 |
| | 14 FA | THER'S NAME | MIDDLE | LAS-1 | 1 | MOTHER'S MAIDEN N | AME | | IA | 1 |
| U | 2 | James | Martin | Evans | | Mary | Frances | | C | ain |
| 0 | | AS DECEASED EVER IN U.S. A | | 166 SOCIAL SECU | RITY NO. 1 | 7 INFORMANT | ADDRESS | | | |
| 2 | (7 | NO NO OR LINKNOWN | IVE WAR OR DATES) | 217-42- | 3193 | William J. | Cunningham, Jr | . sa | me as | #13 |
| | | 18 CAUSE OF DEATH Enter | anly one couse ne | line for a b and | | | | | | MATE INTERVAL |
| -1 | 1 | | | | | tering a land | in Brain , re | 11.1 | in the party of | cais |
| -11 | | IMMEDIA | ATE CAUSE (a) | i echura | e au | ur cecur. | as , or com , co | | |)cus |
| - 1 | | | DUE TO C | R AS A CONSEQUE | NCE OF | | | | 0 | |
| | | Canditions, if any, which | (| | | - | -7 | | | |
| -1 | - | gave rise to immediate | (b)_ | | | | | | | |
| - 1 | | cause a stating the | DUE TO C | R AS A CONSEQUE | NCE OF | | | | | |
| - 1 | | underlying cause last | | | | | | | | |
| | L. | DADI 2 OTHER SIGNIEICANI | CONDITIONS | ONITRIBILITING TO 1 | SEATH DUT NO | OT DELATED TO THE TEE | RMINAL DISEASE OR CONDITI | ONLOWEN | IN CRAPT 1 | |
| | NO O | TAKE 2 OTTER SIGNIFICANT | CO14DI110143 C | ONTRIBUTING TO L | DEATH BOTTO | OI KEEAIED TO THE TER | - | DN GIVEIN | IN PART I | , |
| | | 190 DATE OF OPERATION | 196 CONE | OITION FOR WHICH | OPERATION | WAS PERFORMED | 200 AUTOPSY 20 | b IF YES, W | ERE FINDIN | NGS USED |
| 4 | CERTIFICAT | | | | | - | YES NOW | CERTIFYIN YES | | OF DEATH? |
| = | CER | 210. ACCIDENT WAS UNDERLYING | | OF INJURY | | TE HOW INJURY OCCU | JRRED (ENTER NAT RE OF INJURY IN | TEM IS PART | DPPART. | |
| 71 | CAL | OR CONTRIBUTING CAUSE OF D | EATH | .M. | 19 | _ | | | | |
| | 5 | 21d INJURY OCCURRED | | OF INJURY | | II LOCATION | | | | |
| П | MEDI | | | REET FACTORY OFFICE F | | TREET | ON OF TOWN | | COUNTY | TATE |
| -1 | | AT WORK | | | | | 10.15.1 | (mm) | | |
| - 1 | | 220 I certify that (1) (this has | . / | he deceased from_ | ap | ul 87 19 | 10 10/15/0 | 19_ | | that I (we) last |
| - 1 | | saw the deceased olive o | n 1071 | 18/0/19 | ond | that in (my (our apinia | in death accurred on the date of | and hour an | d from the | causes stated |
| - 1 | | abave (lifwe) (did) (did) 22b SIGNATURE | of view the bod | y after death | | 0.000 | | | 22c DATE | CICNED |
| - 1 | | 226 SIGNATURE | | | | GREE | | | | |
| | | | | D | M | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | | 10/ | 5/87 |
| 7 | | 22d PHYSICIAN'S NAME LIVE | OP PRINTS | | 13 | 2e ADDRESS | 2 | | | |
| | | | ERAGU | 16- | | | NOTON QD, | BETH | FSDE | a, MO |
| | | 8/1 | | | ľ | | | | | |
| 7 | | URIAL, CREMATION, REMOVA | L 236 DATE O | ct. 230 N | AME OF CEA | NETERY OR CREMATORY | nc 23d LOCATION | | JUNIY | TAIL |
| | | Cremation | 26, 1 | | | ry Cremator | | | Mar | yland |
| , [| 24 FL | INERAL DIRECTOR Robe: | rt A. Pu | mphrey Fu | neral | Home, 250 D. | ATE REC D. BY REGISTRAR 256 | REGISTRAR | 'S SIGNAT | URE |
| | Ве | ethësda-Chevy (| Chase, I | nc. 7557 | Wisco | nsin Ave. | OT 07 4007 / | 0 20 | 9, 4 | Lee |
| | | | Bethesd | <u>a, Maryla</u> | 110 ZU | 514 | 11 / 190/ / | to die | STATE OF STA | And the same |

injury, or other traumatic event, th

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYEIENE CEPTIFICATE OF BEATH

| _ | 20 | REGISTRAR | | | CERTIF | ICATE OF D | EAIN | REG. N | 10 | | | | |
|---|---------------|--|-------------------|-----------------------|-------------|--------------------|--------------------|---------------------------|--------------------|--|-----------------|----|--|
| | D DU | CEASED NAME FIRST | MIDDLE | 1 | AST | | 20 DATE OF DEATH | MONTH U | AY YEAR | 2b HOUR | _ | | |
| | | DORO1'h | T | М. | | RIER | | OCTOBER : | | | | M | |
| | 3 SE) | X | 4 RACE | | 5 DATE C | | 1 YEAR 1 | 6 AGE (IN YEARS LAST BE | ₹THDAY) | IF UNDER YEAR | HE JE MIN. | | |
| | | FEMALE | CAUCASI. | | MARC | H 4 | 1921 | 66 | YRS | 6:00P BEINDER SEAR BUNDER SHARE OF DEATH 126 KIND OF BUSINESS O INDUSTRY BOOMES 13 BETWEEN ONSET AND DEATH STATE ON IN PART 1 G WERE FINDINGS USED ING CAUSES OF DEATH? NO GOMENTY PART 1 G WERE FINDINGS USED ING CAUSES OF DEATH? NO GOMENTY PART 1 G ON IN PART 1 G WERE FINDINGS USED ING CAUSES OF DEATH? PART 1 G ON IN PART 1 G ON IN PART 1 G ON IN PART 1 G WERE FINDINGS USED ING CAUSES OF DEATH? PART 1 G ON IN PART 1 | | | |
| | 7a Bli | RTHPLACE IN THE FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | D NEVER A | ARRIED - | 9 BALTIMORE CITY | <u>)R</u> COUNTY | 1987 OUNTY OF DEATH 170 KIND OF BUSINESS OF NOUSER SAME PRINCE LE ROAD 20906 GROOMES E AS 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH STREET ON GIVEN IN PART LO CERTIFYING CAUSES OF DEATH? YES NO | | | |
|) | | RYLAND | USA | | WIDOWE | DX DI | ORCED | MONTGOME | | , | | _ | |
|) | WH | EATON | 12902 | | ROAD | OR OTHER INST | ITUTION | BOOKKEEPEF | | | | \$ | |
| 5 | 130 S MA | | | 13c. CITY OR TOW | | 13d INSIDE CI | NO 🔀 | 13° STREET ADDRESS | ZIP CODE ELLE K | ROAD 2 | 20906 | | |
| 2 | I4 FA | JOHN | MIDDLE | LEIZËÄR | | 15 MOTHER'S NET | MAIDEN NAM | WE | | GROC | MES | | |
| | 16a V | VAS DECEASED EVER IN U.S. AR | MED FORCES? | 16b SOCIAL SECU | | 17 INFORMA | | ADDR | | | | | |
| | 1 | VES NO OR UNKNOWN) (IF YES GI | | 215-20-3 | 149 | STEVEN | R. CUI | RRIER/SON/S | SAME AS | 5 13 | | | |
| 1 | | 18 CAUSE OF DEATH Enter of | nly one cause per | line 19 10 , 15', and | dic | 4 | | 1 | | BETWEEN | ONSET AND DEATH | _ | |
| | | PART DEATH WAS CAUSE | TE CAUSE (a) | Carder | resp | irator | 4 6 | rrest | | 5 | munit | Es | |
| | | | DUE TO, O | RSAS A CONSEQUE | NCE OF | 0 | | | | | (~) | 0) | |
| | | Conditions, if ony, which | (b)_ | 300 | tatic | aden | ocaron | urma-, wich | chenn s | Orimere | Imenth | 0) | |
| | | gove rise to immediate couse o, stating the | DUETO | R AS A CONSEQUE | NCE OF | | | | | / | | 7 | |
| | | underlying couse lost | (6) | K A3 A CONSCOOL | | | | | | | | | |
| | | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO E | DEATH BUT | not related | TO THE TERMI | INAL DISEASE OR CON | IDITION GIVE | EN IN PART T | 0 | = | |
| | NO. | | | | | | | | | | | | |
| 2 | CERTIFICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFO | RMED | 200 AUTOPSY? | IN CERTIFY | YING CAUSES | S OF DEATH? | | |
| 1 | CER | 21a. ACCIDENT WAS UNDERLYING | 216 TIME O | | | 21c HOW IN | JURY OCCURR | ED (ENTER NATURE OF IN II | | | | _ | |
| 1 | AL | OR CONTRIBUTING CAUSE OF DE | AIT! | M. MONTH DA | AY YEAR | | | | | | | | |
| | MEDICAL | 21d INJURY OCCURRED | 21e PLACE | OF INJURY | | 211 LOCATIO | N | LITY OR TO | Stark! | Districts | . 7.425 | - | |
| | × | AT WORK AT WORK | (AT HOME STE | REET FACTORY OFFICE F | ARM ETC ; | STREET | | , III OK IC | 70010 | E DUNIT | TAIT | | |
| | | 22a certify that (II (this hosp | ital attended th | e deceased from_ | MAR . | 30 | 19 87 | SEPT | 1 | 9 87 | that II (we las | st | |
| | | sow the deceased alive or abave, (l) (we) (did) (did no | SEPT | after death. | 87 , or | nd that in (my) | (our) opinion d | death occurred on the o | ote and hour | and from the | causes stated | | |
| | | 226 SIGNATURE | 1 | arrie- dedrin | | DEGREE | | | | 23s DATE | SIGNED, | _ | |
| | | Aules A | Doo | lish | 21. | | TTENDING PHYSICIAN | MEDICAL STA | | 10 | 15/87 | | |
| | | 224 HYSIGIAMS NAME ITTHE | oulsh. | , t | | 22e ADDRES | 9. | | | | 1 | - | |
| | | 0 | 3041011,11 | • • • | | CIT | iey, iii | -Sandy Spr | riig Ku. | • | | | |
| T | 230 B | Burial, Cremation, removal | 23b DATE | 23c N | AME OF C | EMETERY OR C | REMATORY | 23d LOCATION | | | | = | |
| | * | BURIAL | OCT6, | 1987 PA | RKLAW | N CEMET | ERY | ROCKVILL | MONT(| GOMERY | MARYLAN | ID | |
| | 24 FU | | | COLLINS, | | | | E REC'D. BY REGISTRAF | 256 REGISTE | RAR'S SIGNA | TURE | | |
| | 50 | OO ÜNIVERSITY B | LVD W S | ILVER SPR | ING, | MD 2090 | 1 OCT | 07 1987 | whia Des | ndon-19 | modelle | b | |

DHMH = 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR

IMPORTANT If Item 21 is

per

00

been prior CERTIFICATION

MEDICAL

STATE OF MARYLAND

LAST

Dailey

5 DATE OF BIRTH

Dec.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

20 DATE OF DEATH 2h HOUR 10/ 4:30p 16/ 6 AGE (IN YEARS LAST BIRTHDAY)

BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED

NO [

YEAR

1903

WIDOWED DIVORCED

10

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Homemaker

13e STREET ADDRESS / ZIP CODE

3411 N. Hight St

ADDRESS.

Montgomery 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE

Home

20832

Manor Care Nursing Center USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 13c. CITY OR TOWN Mont. Olney Maryland

MIDDLE

H.

18 CAUSE OF DEATH (Enter only one couse per line lor rail, fb., and ra

4 RACE

Mildred

Ray

C.

White

THE CITIZEN OF WHAT COUNTRY?

TISA

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Virginia

113d INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME MIDDLE

Riggs

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

couse ia, stoting the

underlying couse lost

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

LIFETHER NOTIFY MEDICAL ENAMINER 21d INJURY OCCURRED

AT WORK AT WORK

230 BURIAL, CREMATION, REMOVAL

Female

O BIRTHPLACE I ATE OF FOREIGN

Maryland CITY OR TOWN OF DEATH

Wheaton

14 FATHER'S NAME

Philip

- STATE

TYPE OR PRINTI

3 SEX

166 SOCIAL SECURITY NO 214-74-5887

17 INFORMANT

YES

Audrey Johnson, Burtonsville, Md.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate

AT HOME STREET FACTORY OFFICE FARM ETC)

216 TIME OF INJURY

21e PLACE OF INJURY

HOUR A.M.

DUE TO, OR AS A CONSEQUENCE OF

SIGNIFICANI CONDITIONS CONTRIBU RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY?

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

216 HOW INJURY OCCURRED | ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 MONTH DAY YEAR

211 LOCATION

CITY OF FOWN

COUNTY STATE

22a I certify that (I) (this hospital) attended the deceased from. sow the deceased give on 10-16-87
above, (I) (we) (did vidid not view the body after death

DEGREE ATTENDING

22e ADDRESS

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

220 DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OF PRINT)

Daniel L. Anderson, M. D.

2901 Olney/Sandy Spring Rd., Olney, Md. 23c NAME OF CEMETERY OR CREMATORY

Colesville Cemetery | Colesville

20832

24 FUNERAL DIRECTOR

226 SIGNATURE

250 DATE REC D. BY REGISTRAR 756 REGISTRAR'S SIGNATURE

Burial Oct 19,1987

Barber Funeral Home, Laytonsville, Md. 20879

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIR should be detach with the State Del

| entra to yet ver | estt at | | mention | 10 ES TOS | 188879 |
|--------------------------|-------------|--------------|-------------|-----------|--------|
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| The second second | 4.5 | area de p | | | |
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| Companie , de gainge com | Avento soci | | None to the | | • |
| SCHE CONTRACTOR | | stanting and | | | |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR **JOHN** ALOYSTUS DALY OCTOBER 13, 1987 8:05A M 4 RACE 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY 3 SEX CAUCASIAN FEBRUARY 24, 1939 MALE 7a BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED NEW JERSEY USA MONTGOMERY WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY SILVER SPRING LAURELWOOD TERRACE INSURANCE BROKER SELF-EMPLOYED USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) GIVE REVIDENCE BEFORE ADMISSION
130 STATE
1134 COLUMNITY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE MARYLAND MONTGOMERY 2409 LAURELWOOD TERRACE 20904 SILVER SPRING YES [] NOF 15 MOTHER'S MAIDEN NAME JOHN DALY A. HELEN NIECHWIADOWICZ 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO YES 145-28-3566 DEANNA R. DALY/WIFE/SAME AS 13 18 CAUSE OF DEATH Enter only one couse per line for a, b and PART I DEATH WAS CAUSED BY -ancen IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse o stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 206 IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES | 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN TEM IS PART OF PART HOUR A.M MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTHY MEDICAL EXAMINERS 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC I TREET WHITE STANK 22a | certify that (1 (this haspital attended the deceased from sow the deceased alive on OCT 9
obave live (did (did not view the body after death and that in (my) our opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE PHYSICIAN DIRECTOR PHYSICIAN 220 PHYSICIAN'S NAME TYPE OF PRIN 22e ADDRESS 2201 L STREET, NW WASHINGTON, DC THOMAS SACKS 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23d LOCATION 1987 METOPOLITAN CREMATORY CREMATION ALEXANDRIA VIRGINIA

DHMH = 16 60M 7/B4

h the State

24 FUNERAL DIRECTOR FRANCIS J. COLLINS, JR. (VRA 15, 4) 500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Julia Dividson Parlace

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE Ernest Humphrey Daniel. 20 DATE OF DEATH 7h HOUR White 5 DATE OF BIRTH Male Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY General Mgr. Ice Cream Mfg. 1136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 5207 Albemarle YES NO Mont. Beth. 15 MOTHER'S MAIDEN NAME ROWE DANIEL. SR BERNICE 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) 577-07-3075 Helen B. Daniel Same as item # 13 Ves APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one cause per line for a b and c
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). terminal Pheumonia) hronic obstructive Land Disease Canditians, if any, which gave rise to immediate cause a, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART L (1 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FIN IN CERTIFYING CAUSES OF DEATH? NOIN 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NA RE OF NJIIR IN ITEM 8 PART - IR PART HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC | WHILE NOT WHILE 220 I certify that (I) (this hospital attended, the deceased from, May saw the deceased alive an Stote who 5 19 80, and that in (my) our apinion death accurred on the date and have and from the causes stated above. (I) (we (did) (did not) view the body after death. DEGREE ATTENDING 73e BURIAL CREMATION REMOVAL 234 NAME OF CEMETERY OF CREMATORY Burial Christ Church Cem. Irvington, VA

DHMH 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTORJOSE ph Gawler's Sons, Inc. 5130 WI Ave. NW Wash., DC 20016

250 DATE REC D. BY REGISTRAR 256, REGISTRAR S. SIGNATURE Gulia Devideon- Randall

the to best presidents demice ! TO CORE STATE . The parish of the state of th (大) (大) (大) (大) (大) (大) (大) (大) . Ged . Troid The south an other falous . . . no. Det A Marint Dayon X . . Tribut Ca. Valence Tree in a view in the contract of the contract

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGTENE

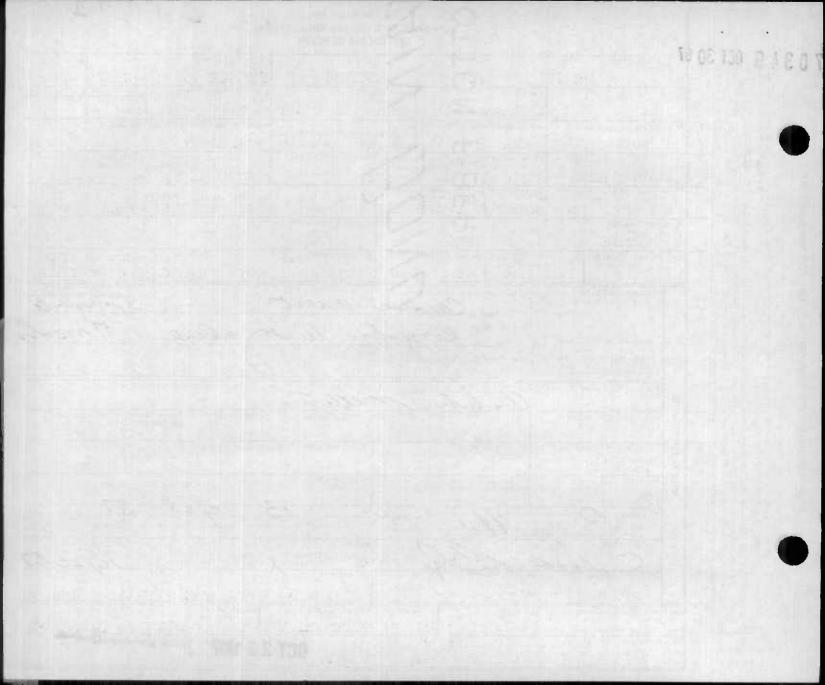
CERTIFICATE OF DEATH

| REGISTRAR | | | | CERTIFICA | | FMIII | REG | NO. | | |
|---|--|-------------------------------------|---|--------------|-----------------|------------------------|--|----------------------|---------------------|--|
| DECEASED NAME | FIRST | | MIDDLE | EAST | | | 20 DATE OF DEATH | MONIH | DAY YEAR | 26 HOUR |
| ITYPE OR PRINT | PHILIP | | A. | DA | RMODY | , | OCTOBER | 25 | 1987 | 4:00P |
| 3 SEX | | 4 RACE | | 5 DATE OF BI | | | 6 AGE (IN YEARS LAST | BIRTHDAY) | IF UNDER 1 YEAR | IF LINDER SHAR |
| MALE | | CAUCASI | AN | SEPT | 8 | 1911 | 76 | YRS | WONTHS SAT | TO JE MIN |
| To BIRTHPLACE INTA | E OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | MARRIED [| I NEVED A | ADDIED [| 9 BALTIMORE CIT | OR COUNT | Y OF DEATH | |
| ILLINOIS | | USA | | WIDOWED | - | ORCED | MONTGOME | RY | | ٨ |
| SILVER SPE | | (IF NOT IN SUC | HOSPITAL, NURSING THE FACILITY, GIVE STREET A | DDRESS) | THER INST | ITUTION | 120 USUAL OCCUP (TYPE OF WORK FOR MO ELECTRICA | ST OF WORKING L | IFE) INDUSTRY | A.A. |
| USUAL RESIDENCE (18 130 STATE MARYLAND | 13b COU | OTHER INSTITUTION NITY | GIVE RESIDENCE BEFORE 13¢ CITY OR TOWN SILVER S | 1 13d | INSIDE CI | ITY LIMITS? | 13e STREET ADDRES | | | 20901 |
| 14 FATHER'S NAME FIRST GEORGE | | MIDDLE | DARMODY | 15 | | MAIDEN NA | MIDDE | | HEI | |
| 160 WAS DECEASED I | (IF YES GI | MED FORCES? VE WAR OR DATES) 2-1946 | 709-01-2 | | | P. DAI | | | DUNMORI ILLE, MI | |
| | IMMEDIA any, which immediate | ED BY. TE CAUSE (a) DUE TO, C | or AS A CONSEQUE | leve of lix | au | ilen | - the Ol | ne | | MATE INTERVAL ONSET AND DEAT CASCLESCE |
| PART 2 OTHER | | Che. | ONTRIBUTING TO D | m | clli | ling | 200 AUTOPSY? | 20b IF YI IN CERT | ES, WERE FINDI | NGS USED |
| 21a ACCIDENT W OR CONTRIBUTING (IF EITHER NOTIF 21d INJURY OC | CAUSE OF DE | A1H HOUR A R) P | OF INJURY .M. MONTH DA .M. OF INJURY REET FACTORY OFFICE F | Y YEAR 19 | LOCATION STREET | | YES NO | | | TATE |
| 22a I certify the saw the deabave, (1) (| (1) Ithis hasp eceased alive ai we) (did) (did n | | he neceased fram_ 19_4 y after death. | - / | | , 19 8 | 3 , to | e date and ho | | |
| 226 SIGNATUR | 1 free | OR PRINTY | Boge | mi | | ATTENDING PHYSICIAN | MEDICAL DIRECTOR PH | STAFF (SICIAN [] | 10) | 124/s |
| | | J. BOYLE | // | | 10313 | CEORG | IA AVENUE | #201 S | TLVER S | PRING |
| 230 BURIAL CREMA | | | | NAME OF CEMI | | | 23d LOCATION | 11201 3 | TUVUK D. | LICTIVO. |
| (SPECIFY) | | | | | | | CITY OR TOW | ٧ | OUNTY | STATE |
| RIT | RIAI. | - L OCT'2≥ | (1987 CA1 | .E. ()E. H | FAVEN | C.EMET | ERY STLVER | SPRIN | G MONTC | IIVEB.RY |
| BU. | RIAL | | | | EAVEN | | ERY SILVER | | | |

DHMH 16 60M 7/84 (VRA 15, 4)

MPGRIDATE I new 21 to matter at them 18 shares any mary, or other troumotic event. It O TUNERAL DIFFERENCE After the entitlent has been agreed by the ottending plants and the first property of the state of the second of the state of the state of the state of the second of the state of

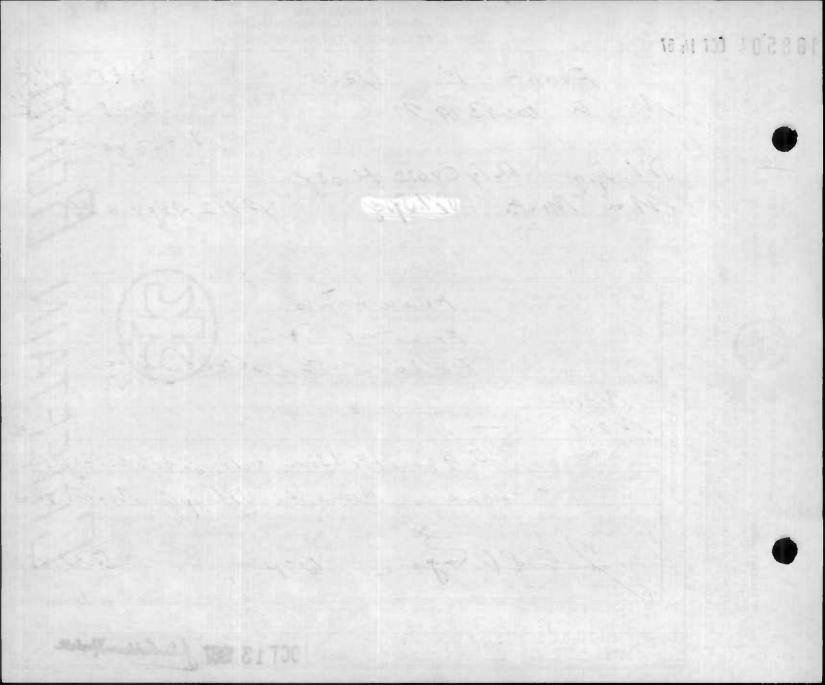
FOR - STATE



68504 OCT 1 FOR STATE BREGISTRAF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EX AMINER'S CERTIFICATE OF DEATH

| 85 | O & OCT I | 67 | REGISTRAR | | MED | ICAL EXAMI | F DEATH | REG NO | | | | |
|-------------------|--|---|-----------------------------------|------------------|-----------------------|---------------------------|----------------|--------------------------|-----------------|--------------------------|--|------|
| 0 0 | 0 4 00. 1 | | CEASED NAME | FIR | | WICDLE | | LAST | | ATE KNOWN OF ESTI | MONTH DAY YEAR 75 HC | W. |
| | SE S | | Z | Van | . 1 | 12 | 1/2 | V13- | DE | ATH MATED | ひも 5 100 17 | T |
| | ECTOR ECTOR FILES. HOURS STREET, | 3 SEX | 4 RACE | 5 | DATE OF BIRTH | YEAR LAST BIRTH | YEAR IF UN | DER I YR IF UNDER | | DATE * | MONTH DAY YEAR 26 HC | اللا |
| | 8255¢ | 1 | 11/2 6 | 1 | may 23 | | YRS | DATS HOURS | | DEAD O | X-5 1007 2 | TA |
| | 語る。最初/つ | | RTHPLACE (TATE OR REIGN COUNTRY) | 7b | CITIZEN OF WH. | ATCOUNTRY? | BMARRI | ED NEVER MARR | IED 9 BA | LTIMORE CITY OR | COUNTY OF DEATH | |
| | 84684 / | | ASHINGTON, | DC | USA | | WIDOW | | | Mont | S TAMOTY | ME |
| 111 | 多単語単子 | 10 CI | TY OR TOWN OF DEAT | H 11 | NAME OF HOSP | ITAL, NURSING HOA | AE OR OTH | ER INSTITUTION | | CCUPATION (TYPE OF | OR INDUSTRY | 5 |
| 10 | PAGE | 0 | 16 0,00 | | /e/2/1/ | Cross | 4 | 251 | | ADJUSTER | | |
| 10 | A DE NO STEEL STATE OF STATE O | | L RESIDENCE IN NIVE | ING HOME OF OT | HER INSTITUTION GIVE | RESIDENCE BEFORE ADMIS | SION) | 13d INSIDE CITY LIMITS? | 13e STREET AL | DDRESS 0000 | ADAMS AGENC | Y |
| 212 | ANNA | - | 11-2 | 140-0 | A | WHEATON | | YES NO | 271 | 2090 | 12 2 4 | |
| MD. | T NEW Y | 14 FA | THER'S NAME | | IDDLE | 1 | 0 | 15 MOTHER'S MAIDE | EN NAME | MIDDLE | IAST | - |
| ZE, | SES 1 | | FRANK | | OUZE | DAVIS, S | SR. | ETHEL | | COLE | HUGHLETT | |
| MO | 104 | | VAS DECEASED EVER IN | U.S. ARMED | | 166 SOCIAL SECUR | ITY NO. | 17 INFORMANT | | ADDRESS | | |
| ALTI | AFTER HI FOR H FOR AGES I ISION | 1 | NO | IF 165, GIVE WAR | OR DATES) | 214-03-61 | 167 | ELIZABETH | B. DAV | VIS/WIFE/S | SAME AS 13 | |
| 80 | WITH PARTY | | 18 CAUSE OF DEATH | (Enter anly a | ne cause per line f | ar (a), (b), and (c | | , | | | APPROXIMATE INTERVA BETWEEN ONSET AND DE | |
| ON ST | 24 HOI ITEM 1 LONG PERMI GIENE, | - | PART I DEATH WA | S CAUSED BY | | Pneu | 1 m | omia | | | di wewonin swo be | |
| | 774HXO | / | 8805 | 1 | | AS A CONSEQUENCE | OF | | | | | |
| PR | ANSI REM | | Canditians, if an | |) (b) | Fr 20 | bruc | 4-0 | 2 | | | |
| 201 W. PREST | OR TRE | | cause (a) stating t | | DUE TO, OR A | AS A CONSEQUENCE | OF | | | | 0 | |
| 201 | O WALE TO SEE | | lying cause last | | (101 / | F2 (1d. | 0 4/ | 572 VIC | at The | I can b' | 20 | |
| RECORDS | NG" IN CAL EX CAL EX CAL EX CAL EX CAL EX CAL EX AND A | | PART 2 OTHER SIGNIFICANT | CONDITIONS CONT | TRIBUTING TO DEATH BI | UT NOT RELATED TO THE TER | RMINAL DISEASE | OR CONDITION GIVEN IN PA | RT 1 a | 2 77 | ant. | |
| 0 | AS A ALTH | CERTIFICATION | (Va | 1.2 | | | | | | | | |
| I R | SED AL | S | 190 DATE OF OPERAT | ION | 196 CONDITI | ON FOR WHICH OPE | RATION W | AS PERFORMED? | | | 20 AUTOPSY? | |
| DIVISION OF VITAL | | <u> </u> | 10000 | <u> </u> | | | | | | | YES NOT | T |
| OF | HE WEND BILLING BILLIN | | UNDERLYING PO | | HOUR A.M | INJURY MONTH DAY YEA | AR 21c HC | W INJURY OCCURRE | D LENTER NATURE | OF INJURY IN ITEM IB PAR | T + OR PART 2) | |
| O | ART OR | \\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ | CONTRIBUTING C | | | 9 24 190° | 7 FR | 1 down s | talre | of tex | Cardlac y | ۷ |
| VISI | CERTIFICATE SH SITING THE WOR DED TO THE CH E 3 SHOULD BE L E DEPARTMENT O | MEDICAL | 214 INJURY OCCURRE | | 21e PLACE O | FINJURY (ATHOME, | | CATION | CITY | OR TOWN | STA STA | TE. |
| ۵ | TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRIPAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STATE BALTIMORE, MARYDAND, 21201 | 1 | AT WORK AT WO | | flon | R_ | 1800 | 256 | Sil. | Just | Mond M. | i |
| | NTE, T NTE, ORW ORW DD, 2 | | 220 I certify that I t | aak charge at | f the remains desc | ribed abave, held an | Autaps | y . Inspectio | n Ino | ond i | n my apinian | |
| | NOT SET OF THE SET OF | | death resulted fram. | Natural | | 1, | ouicide | Hamicide | Undetermine | | | |
| | A A A A A A A A A A A A A A A A A A A | | / | 7 - | 0/ | | | TITLE (SPECIFY) | | | | |
| | AL DOUGH | | ACTUAL SIGNATURE | -6- | 1 | (ouge | . M | D Mad | MEDICAL E | XAMINER | DATE 2-85/48 | ? |
| | SEA SEA | | | TOU | N S. ROG | EDG | | 0 | | | 5101 | |
| | M SHEEK | | E) INFR'S NAME (THE OR PRINT) | 3011 | N 3+ KOG | ERO | | ADDRESS SEMIN | IARY ROA | D SILVER | SPRING, MD | |
| | DAY OF A | | URIAL, CREMATION, REA | MOVAL 23b | DATE | 23c. NAME OF C | EMETERY O | R CREMATORY | 23d LOCATIO | ON | COUNTY | |
| 07 84 | BP | | BURIAL | | T8,1987 | | F HEAV | EN CEMETER | RY SILVE | ER SPRING | MONTGOMERY MD | |
| 25M | DHMH - 17 | 24_F | JNERAL DIRECTOR | FRANCI | S J.COLL | INS, JR. | | 250. DATE | REC'D BY REGI | STRAR 256 REGIST | 7.1 | |
| | (VR A15 ME (5)) | 50 | UNIVERSIT | Y BLVD | W SILVE | R SPRING. | MD 20 | 901 NCT | 1 3 198 | 7 Flantav | 10001-Northean | |



500 University Blvd., W. Silver Spring, Md. 2090

DHMH 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

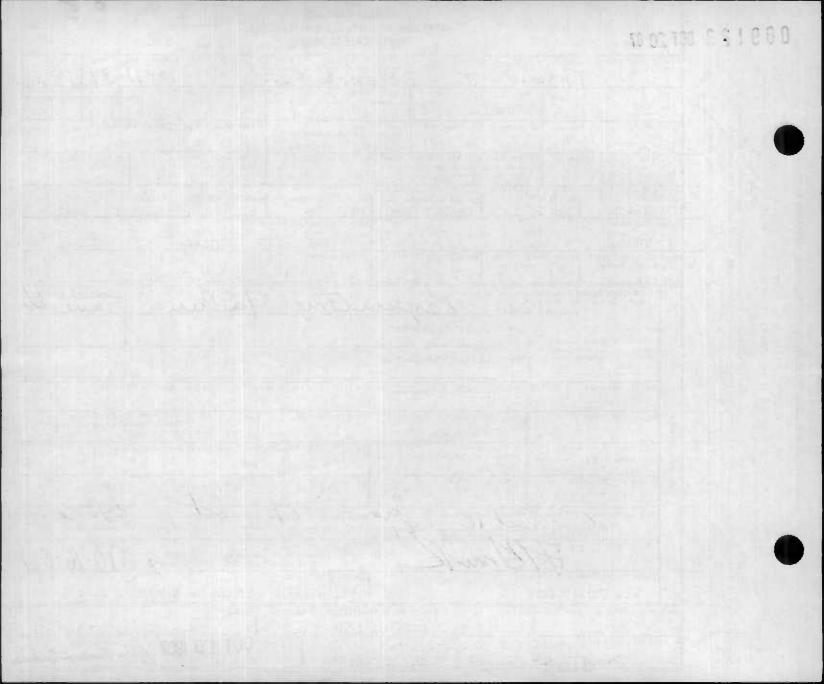
REG. NO

| | | DECEASED NAME FIRST MIDDLE LAST | | | | | | 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR | | | |
|---|---|---|------|---|---|---|--|--|------------------|-----------------|------------------|
| | (TYPE | OR PRINT) | Thai | mac | J. | Del | anou Se. | | 10-1 | 1-87 | 110 A.M. |
| | 3 SEX | | 114 | 4 RACE | V | 5 DATE C | OF BIRTH | 6 AGE (IN YEARS LAST B | | IF UNDER 1 YEAR | IF UNDER , 4 HRS |
| | MALE | | | CAUCASIAN | | TANI | JARY 18,1892 | 95 | YRS | NONTHS DAYS | HOURS MIN |
| ÷ | | | | 76 CITIZEN OF | CITIZEN OF WHAT COUNTRY? 8 | | | 9 BALTIMORE CITY | | OF DEATH | |
| 5 | CONNECTICUT USA | | | IISA | | | D NEVER MARRIED DIORCED | MONTGOME | PV | | MD. |
| 1 | 18 CITY OR TOWN OF DEATH 11. NAME OF | | | HOSPITAL, NURSING HOME OR OTHER INSTITUTION HEACILITY, GIVE STREET ADDRESS) | | | 120 USUAL OCCUPA | 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR | | | |
| 2 | | ROCKVILLE | | | OOD NURS | ING HO | OME | | | | A |
| 0 | USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE A 130 STATE 136 COUNTY 136. CITY OR TOWN | | | | 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE | | | | | | |
| 2 | | RYLAND | MONT | rgomery_ | CHEVY C | CHASE | YES NO | 6120 WEST | ERN AV | ENUE 2 | 20815 |
| 3 | 14 FATHER'S NAME FIRST MIDDLE LAST | | | | | 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST | | | | | |
| | | THOMAS J | | JAMES | DELANEY | | ELIZABE | | MARY | | DELANEY |
| | 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) | | | URITY NO. | 17 INFORMANT ADDRESS | | | | | | |
| | | YES WWI | | | 577-03- | | JOHN J. DEL | ANEY/SON/SA | ME AS | 13 | |
| | | 18 CAUSE OF DEATH (Enter only one cause per l | | | ine for (a)-(b) and (c) | | | 7.1 | | BETWEEN | MATE INTERVAL |
| | | PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) | | | Kespualony | | | -failu | u | un | nedah |
| | | DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | |
| | | Conditions, if any, which (b) | | | | | | | | | |
| | | gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF | | | | | | | | | |
| | | underlying couse | (() | | | | | | | | |
| | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) | | | | | | | | | |
| | NOL | | | | | | | | | | |
| | << | 19a DATE OF OPERATION | | 196 CONDITION FOR WHICH OPERATION | | | N WAS PERFORMED | 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO | | | |
| | CERTIFIC | | | | | | | | | | |
| | G | 210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA | | 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR | | | 21¢ HOW INJURY OCCUI | RRED (ENTER NATURE OF INJ | URY IN ITEM 8 PA | ART DR PART 2) | |
| | CAL | (IF EITHER NOTIFY MEDICAL EXAMINER) | | | | | | | | | |
| | MEDI | 214 INJURY OCCURR | | 27 E PLACE O | DE INJURY | FARE DC 2 | TH LOCATION | , ITY OR T | OWN | YINLO | TATE |
| | 2 | WHILE NOT WH | RK R | | WILL SWINGS SEALING | 1 | | e AL | - | | |
| | | 220 I certify that | | 11100 | deceased from | Jan | 1987 | 10 90 | | | that (we) last |
| | | saw the deceased alive and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above. (it is not take the hody after death) | | | | | | | | | |
| | | 276 SIGNATURE 226 DATE SIGNED | | | | | | | | | |
| | | TIEMULE | | | | | ATTENDING PHYSICIAN | MEDICAL STA | CIAN D | 110. | 16-0-1 |
| | | 22d PHYSICIAN'S NAME (Type OF PR HI) | | | | | 27e ADDRESS | | | | |
| | DR. FRED SMITH | | | | | | 5401 WESTERN AVENUE WASHINGTON, D.C. | | | | |
| | | JRIAL, CREMATION, REMOVAL 23b DATE | | | 230 | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION CITYORTOWN COUNTY STATE | | | |
| | BURIAL OCT14,1987 GATE OF | | | | | | HEAVEN CEM SILVER SPRING MONTGOMERY MD | | | | |
| 24 FUNERAL DIRECTOR FRANCIS J. COLLINS, JR. | | | | | | | | | | | |
| | 500 UNIVERSITY BLVD SILVER SPRING, MD 20901 | | | | | | | | | | bon-Kandaes |

DHMH = 16 60M 7/B (VRA 15, 4)

BP.

MPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medical



(VR A15 ME (5))

STATE OF MARYLAND

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MENERAL MEDICAL PRINCE

A HARL SERVICE STREET, AND A PROPERTY OF THE PARTY OF THE

respectively. The manifest of the second sec

tentilla.

(VRA 15, 4)

069

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 2270 | - 1 | 1 - | EOR STATE | DEPART | MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH | | |
|--|-----|---------------|---|---|--|--|---|
| 3 / / 11 | CTE | 30 | REGISTRAR DISED NAME _ FIRST | MIDDLE | LAST | REG. NO. 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| 4 th of the of t | | | OR PRINT) | line M. | DAME /FR | 10-18-8 | 7 853 |
| 000 | | 3 SEX | - 176 9 0 € 1 | RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER LYEAR IF UNDER 24 HRS |
| 9.5 | 1 | 1 | EMALE | White | 5 - 21 - 98 | 89 YRS | |
| 10 / S | 4 | | THPLACE (STATE OR FOREIGN 76 | CITIZEN OF WHAT COUNTRY | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNT | Y OF DEATH |
| \$ C. | / | in Ci | Y OR TOWN OF DEATH | NAME OF HOSPITAL NURSI | WIDOWED DIVORCED DIVORCED DIVORCED | 120 USUAL OCCUPATION | 126 KIND OF BUSINESS OR |
| | 2 | 5 | luer spring | (IF NOT IN SUCH FACILITY, GIVE STREE SHLVAN MA | | (TYPE OF WORK FOR MOST OF WORKING I | |
| 17 4 | 2 | 5U/ 13a S | L RESIDENCE (NURSING HO E OR OT TATE 131 COUNTY | HER INSTITUTION GIVE RESIDENCE BEFOR | RE ADMISSION) 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP COL | DE / |
| 139 6 | 4 | IA EA | THER'S NAME | 6 HUGAL | YES NO 15. MOTHER'S MAIDEN NA | 7005 GARDNER | CA. / 20777 |
| 10 /4 | 1 | 1 | FIRST / 11/2 MIC | DDLE | FIRST | NKULONA | LAST |
| 100 | H | | AS DECEASED EVER IN U.S. ARME | D FORCES? 166 SOCIAL SEC | URITY NO. 17 INFORMANT | ADDRESS 70 | 05 Garelnertine |
| Sold . | 1 | () | ES, NO OR UNKNOWN) (IF YES, GIVE W | NE 2/8/43 | 955 Jeanne | Lindnes- Hich | Land my 20777 |
| opper opper | | | 18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED) | ane cause per line far (a), (b), a | nd (c | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| Don't de | - 1 | | IMMEDIATE | | ATIC CANCEL | OF BREAST | 2- 4 EALS |
| month of | - 1 | | Conditions, if any, which | DUE TO, OR AS A CONSEQU | JENCE OF | | |
| 1000 | | | gave rise to immediate cause (o), stating the | DUE TO, OR AS A CONSEQU | IENCE OF | | |
| 15/6 | | | underlying cause last | (c) | 7.110.01 | | |
| 2 P P P P P P P P P P P P P P P P P P P | | z | | | DEATH BUT NOT RELATED TO THE TERM | ~ | |
| rior to | 1 | ATIO | CHRONIC ELGAN | | OPERATION WAS PERFORMED | 200 AUTOPSY? 20b. IF YI | ES, WERE FINDINGS USED |
| pern ene p | 1 | CERTIFICATION | | | | IN CERT | IFYING CAUSES OF DEATH? |
| Tyging 8 sh | - | | 210. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY HOUR A.M. MONTH E | 216 HOW INJURY OCCUR | RRED (ENTER NATURE OF INJURY IN ITEM IB | PART I OR PART 2) |
| OI W | 1 | _ | | | | | |
| entol-tro entol H ltem 18 | 7 | CA | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | P.M. | 19 | | |
| the buriol-tro and Mentol H ked or Item 18 | 7 | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE | | 19 21f LOCATION | CITY OR IOWN | COUNTY STATE |
| use os the burrol-tro eolth and Mentol H morked or item 18 | 7 | MEDICA | (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a L certify that (I) (this hospital | P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE)) attended the deceased from | FARM ETC) 21H LOCATION STREET | | . 1987 tha (1) (we) lost |
| CLOK. After this certific for use as the burial-tra of Health and Mental H 121 is marked or Item 18 | 7 | MEDICA | (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a L certify that (I) (this hospital | P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE)) attended the deceased from | 19 21 LOCATION STREET | | . 1987 tha (1) (we) lost |
| oched for use os the buriol-tro Dept of Health and Mental H If Item 21 is marked or Item 18 | 7 | MEDICA | (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK | P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE)) attended the deceased from | FARM ETC.) 21H LOCATION SIREE! 19 37, and that In (my) (our) opinion DEGREE | to | . 1927 . tha (We) lost us and from the causes stated |
| etoched for use as the buriol-traite Dept of Health and Mental 1. | 7 | MEDICA | (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHITE NOTIFY HORK AT WORK 22a certify that (I) (this hospital saw the deceased alive an obove, (I) (we) (did) (did not). 22b GNATURE | P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE.) attended the deceased from. 2 7 19 view the body ofter death. | PARM ETC.) 21H LOCATION STREET 21H LOCATION | death accurred on the date ond ha | , 1927 , tha (we) lost our and from the causes stated |
| ALDIKECTOR. After this certification of the partial state Dept of Health and Mental T. If Item 21 is marked or Item. | 7 | MEDICA | (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. Certify that (I) (this hospital saw the deceased alive an obove, (I) (We) (did) (did not) | P.M. 21e PLACE OF INJURY (A1 HOME STREET FACTORY OFFICE. 1) attended the deceased from. 20 T 19 view the body ofter death. | PARM ETC.) 21H LOCATION SIREET 71 and that In (my) (our) opinion DEGREE ATTENDING PHYSICIAN 27e ADDRESS 37) | death accurred on the date ond ha | . 1927 . tha (We) lost us and from the causes stated |
| AL DRECTOR. After this centric detoched for use as the buriol-tr ate Dept of Health and Mental. IT: If them 21 is marked or Itema | 1 | 23a E | (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHITE NOTIFY HOTEL AI WORK 220. I certify that (I) (this hospital saw the deceased alive an obove, (I) (wa) (did) (did not). 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR P | P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE.) attended the deceased from. ACT 7 19 view the body ofter death. | PARM ETC.) 21H LOCATION SIREET 71 and that In (my) (our) opinion DEGREE ATTENDING PHYSICIAN 27e ADDRESS 37) | death accurred on the date and ha | . 1927 . tha (We) lost us and from the causes stated |
| ALDIKECTOR. After this certification of the partial state Dept of Health and Mental T. If Item 21 is marked or Item. | 1 | 23a E | (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHITE NOT WHITE SATE WORK AT WORK 220 I certify that (I) (this hospital saw the deceased alive an obove, (I) (wa) (did) (did not). 22b SIGNATURE 22d PHYSICIAN'S NAME (TYPE ORP | P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE. 1) attended the deceased from. 2 | PARM ETC.) 21H LOCATION SIREET 19 21H LOCATION SIREET 21H LOCATION SIREET 21H LOCATION SIREET ATTENDING PHYSICIAN 22H ADDRESS 3724 14 ADDRESS 3724 14 ADDRESS 3724 14 ADDRESS 3724 15 ADDRESS 3724 16 ADDRESS 3724 17 ADDRESS 3724 18 ADDRESS 3 | death accurred on the date and had been decompled in the date and had been decompled in the date and had been decompled in the date on the date of the | 1987. tha (Me) lost our and from the causes stated 10 DATEISIGNED 10 19 8 7 20895 COUNTY COUNTY MARY LAND |

10 80 707 70 7 8 9 0

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | - | F(| b. I | - |
|--|---|----|-------------|---|
| | | | | |

| _ 1 | | | | | | | REG. NO. | | | | | |
|-----|---------------|--|------------------------------------|--------------------|----------------------|---------|-------------------------------------|-----------|-------------|----------|------------|----------|
| ı | | CEASED NAME FIRST | MIDDLE | - (| AST | | 20 DATE OF DEATH MO | NIH | DAY | YE AR | 26 HOL | JR D |
| 1 | LITTE | OR PRINT) | THRYN EMILY DE | NNIS | | | OCTOBER 10 | 1987 | 7 | | 12: | 30 M |
| | 3 SEX | ζ | 4 RACE | 5. DATE C | OF BIRTH | | 6 AGE (IN YEARS LAST BIRTHD | AY) | IF UNDER | YEAR | IF NOFR | , 4 HR* |
| | 1 | FEMALE | CAUCASIAN | JŰLŸ | 8 1927 | AR | 60 | YRS | MONTHS | DAL | th uR | WIN |
| 4 | 10 BIF | RTHPLACE TATE OF FOREIGN | 76 CITIZEN OF WHAT COUN | VTRY? 8 | | | 9 BALTIMORE CITY OR | | Y OF DE | ATH | | |
| 1 | - | STRICT OF COLUM | | AAA DDIE | D X NEVER MARRIE | | MONTGOMERY | | | | | 445 |
| 1 | | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, N | IURSING HOME C | | | 12a USUAL OCCUPATION | | | | F BUSINI | ESS OR |
| 1 | 1 | BETHESDA | | HOSPITAL | | | PROOF REA | ORKING I | | | TING | |
| | 13a S | AL RESIDENCE (IF NURSING HOME O TATE 130 COU RYLAND PRIM | INTY 134 CITY OF | ABROOK | 138. INSIDE CITY LIM | NITS? | 13e STREET ADDRESS / Z 6801 96th | IP COE | NUE | 20 | 0706 | |
| | 14 FA | THER'S NAME | MIDDLE (A) | | 15 MOTHER'S MAID | ENNAN | | | | | | |
| | 6 | GEORGE GE | ROVER VEILY | 51 | FIRST | 1ARY | MARIE SPECH | Γ | | LAST | | |
| d | | VAS DECEASED EVER IN U.S. A | RMED FORCES? 166 SOCIAL | SECURITY NO | 17 INFORMANT | | ADDRESS | | | 207 | | |
| 4 | 1 | NO | 578- | 34-6331 | MICHAEL D | ENN] | IS,6801 96th | AVE | ENUE, | SEA | BROO | K,MD |
| 1 | | 18 CAUSE OF DEATH (Enter o | inly one cause per line for (a), (| b' and ic | | - | | | BE | APPROXIA | MATE INTER | RVAL |
| 1 | | PART I DEATH WAS CAUS | ED BY INTER | VENTRICU | LAR HEMORE | RHAGI | Ξ | | | | | |
| ١ | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | SEQUENCE OF | | | | | | | | |
| 1 | | Conditions, if ony, which () | | | | | | | | | | |
| | | gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| 1 | | underlying cause last | DUE TO, OR AS A CON | SECUENCE OF | | | | | | | | |
| П | | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTIN | G TO DEATH BUT | NOT RELATED TO TH | E TERM! | NAL DISEASE OR CONDIT | ION G | IVEN IN P | ARI lug | | |
| 1 | N O | | | | | | | | | | | |
| | ATI | 190 DATE OF OPERATION | 196 CONDITION FOR W | VHICH OPERATIO | N WAS PERFORMED | | 200 AUTOPSY? | Ob IF Y | ES, WERE | FINDIN | GS USE | D |
| 1 | CERTIFICATION | | | | | | YES XX NO | | IFYING C | AUSES | NO [| |
| ī | CER | 210. ACCIDENT WAS UNDERLYING [| 110110 4 44 4400171 | L DAY VEAR | 21c. HOW INJURY C | OCCURR | ED (ENTER NATURE OF INJURY I | N ITEM 18 | PART I OR F | ART 2) | | |
| | AL | OR CONTRIBUTING CAUSE OF DE | AIR | 19 | | | | | | | | |
| | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY | | 211 LOCATION | | (ITY OR TOWN | | COU | NIX | | TATE |
| | × | WHILE NOT WHILE AT WORK | (AT HOME STREET FACTORY C | OFFICE, FARM ETC) | SIREET | | (III OK IOWIN | | | | | 17.10 |
| 1 | | 22a.1 certify that (1) (this hosp | oital) attended the deceased | from SEPTE | MBER 14 19 | 87 | oCTOBER | 10 | 19 87 | | that (II (| we) lost |
| i | | saw the deceased alive a | of view the body after death. | | | | eath occurred on the date | and ha | our and fro | om the c | auses ste | ated |
| | | 226 SIGNATURE | or view the body after death. | | DEGREE | | | | 220 | DATE ! | SIGNED | |
| | | TKIN | well | | M.D ATTEND | ING ING | MEDICAL STAFF DIRECTOR PHYSICIA | иΠ | 1 | 30 | ct | 87 |
| | | 224 PHISICIAN'S NAME STITE | (SEPERAL) | | TAR ADDRESS | | L HOSPITAL | | | | | |
| | | I R LOVELL | LCDR, MC, US | N | | | ESDA, MD 208 | 14- | 5011 | | | |
| | | URIAL, CREMATION, REMOVA | | | EMETERY OR CREMA | | 23d LOCATION | | | | | |
| | | Cremation | Oct. 15, 19 | 87 Metro | politan Cr | ema | tory Alexai | ndri | a, V | irq | inia | TATE |
| | 24 PC | RANCTS GASC | H'S SONS FU | NERAL | HOME, PI | A PAIS | | | | | | |
| | Ц | 739 Baltimore | Ave. Hyatts | ville, Mai | ryland | Ul | 1 1 3 1301 | Julia | Danie | 1 | Kenda | |
| | | I / UU DUILIIIUI U | | , | / | | | | | | | |

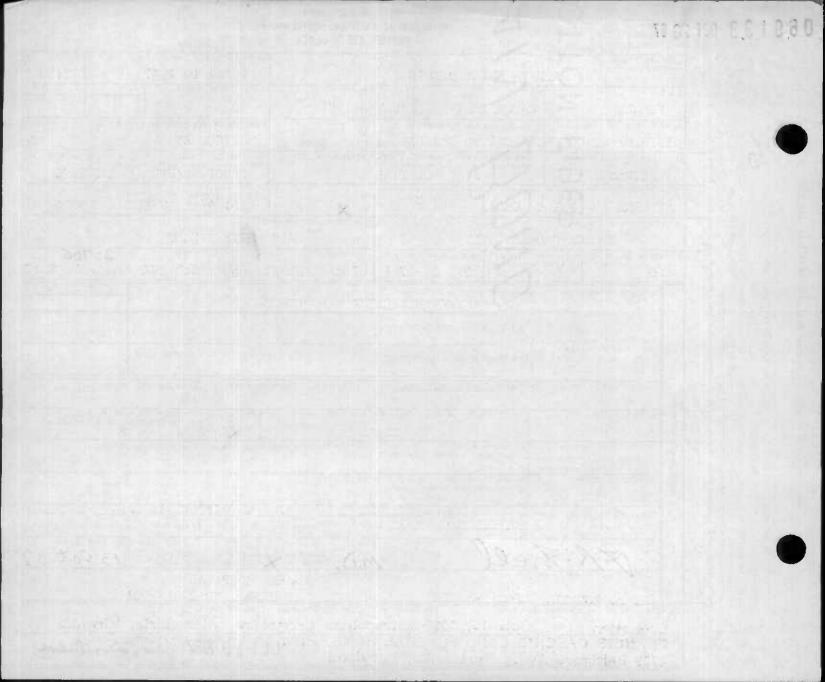
DHMH 16 60M 7/84 (VRA 15, 4)

BP.

injury, ar other traumatic event, the

should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept, at Health and Mental Hygiene priar to burial, cremation, ar removal

IMPORTANT If Item 21 is marked or Item 18 shaws any



(VR A15 ME (5))

www.mvm.com.

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internal Arthur States and the States and the server

Finds Punctal Moreling Laureling 2000 SEP 21 DO

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLAND 21201

0 6 8 3 2 2 0CT

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGITHE CERTIFICATE OF DEATH

| T 13 | 13 7E | ASED NAME | FIRST | | MILIDLE | | LAST | 20 DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR |
|-------|-----------------------------------|--|--|--|--|--|--|---|--|---|---|
| 3 | | | | | | | | | | | |
| 3 | | | rtha | J | | Dicks | son | October 5 | . 1987 | 7 | 8:00 |
| | 3 SEX | | | 4 RACE | | 5 DATE C | | 6 AGE IN YEARS LAST B | | IF LINITER TEAR | IF 12 ER 4 H |
| 1 | | Female | | Whit | 0 | Tanı. | nary 2, 1896 | 91 | YRS | 100 ··· (4) | HC A MI |
| × 7 | | HPLACE ATERIE | OREIGN | | WHAT COUNTR | SA5 8 | | 9 BALTIMORE CITY | 110 | Y OF DEATH | |
|) | | th Caroli | na | United | States | WIDOWE | ED NEVER MARRIED DIVORCED X | Montgomer | V Cour | 0 + 17 | |
| - | | OR TOWN OF DE | | 11. NAME OF | HOSPITAL, NUR | SING HOME | OR OTHER INSTITUTION | 12a USUAL OCCUPA | TION | 12b KIND C | OF BUSINESS |
| | Roo | ckville | | | CHEACILITY GIVE STE | | | LIVPE OF WORK FOR MOST | | | .+ |
| 4 | USUAL | RESIDENCE LIENURI | ING HOME OR | OTHER INSTITUTION | | | Center | Music Tea | | Educa | TUON |
| | Ma STA | | 13b COUN | | 13c CITY OR TO | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | | | |
| Sind- | | yland HERS NAME | Mont | gomery | Rockvi | TTE | YES X NO 15 MOTHER'S MAIDEN NA | 299 Hurle | y Aver | nue / | 20850 |
| 71 | 4 FAIR | FIRST | | MIDDLE | LAST | | FIRST | WIDDLE | | * A' | - |
| 1 | | J. | | W. | Johns | | Minnie | L. | | | irvis |
| 1 | | S DECEASED EVER | | MED FORCES? | 166 SOCIAL SE | CURITY NO | 17 INFORMANT | AD9 | 505 Ar | rrowood | Road |
| | | No | | | 066-28 | -3059 | Leonard M. J | rosten, B | ethesc | da, MD | 20817 |
| | 18 | CAUSE OF DEAT | H Enter on | ly one cause per | line for a b | and c | 0 | | | APPROX BETWEEN | ONSET AND DE |
| | | PART DEATH W | AS CAUSE | D BY | Ro | 1. 1 | T 6.0 | 7 | | 7. | 11 |
| | | | IMMEDIA! | re CAUSE (a) | 14 | ma | letag for | cede/ | | | Cens |
| | | | | DUE TO O | PAS A CONISE | DIJENICE OF | / 0// | / / | | | |
| | | Conditions of ann | and tak | DUE TO O | R AS A CONSEC | DUENCE OF | 8 8 9 | / | | 7 | 0 |
| | | Conditions, if any, gove rise to imm | | DUE TO O | R AS A CONSEC | DUENCE OF | Catre | ve pul | were | 1 4 | las |
| | | gove rise to imm | nediote ig the | (b) | R AS A CONSECUTION OF THE PROPERTY OF THE PROP | nic o | Cat und | ve feele | were | y | los |
| | | gove rise to imn | nediote ig the | (b) | Chro | nic o | Control | de feele | Hon | y | las |
| | P | gove rise to imm cause a statin underlying cause | nediate ig the last | DUE TO, O | R AS A CONSEC | DUENCE OF | Last respondence to the topo | an fresh | Hone Molition GI | Y Y | lan |
| | P | gove rise to imm cause a statin underlying cause | nediate ig the last | DUE TO, O | R AS A CONSEC | DUENCE OF | 1 01 1 | AINAL DISEASE OR COI | Hone Molition GI | y y | a a |
| | P | gove rise to imm cause a statin underlying cause | nediote og the lost | DUE TO, O | R AS A CONSECUTION ON TRIBUTING TO | DUENCE OF | 1 01 1 | * | 20b IF YE | ES, WERE FINDI | NGS USED |
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| 7 | MEDICAL CERTIFICATION SET 15: 1 | gove rise to immodule flying cause of stating underlying cause of the | DERLYING CAUSE OF DEA CALEXAMINER CHISTOPHE CAUSE OF DEA CALEXAMINER CAUSE OF DEA CALEXAMINER CAUSE OF DEA CALEXAMINER CALEXA | DUE TO, O C1 INDUCTO, O C1 | ONTRIBUTING TO SET INJURY M. MONTH M. OF INJURY REEL FACTORY OFFICE offer death. | DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 CE FARM ET. | 216 HOW INJURY OCCUR 216 LOCATION IREE1 219 19 29 and that in (my) (our apinion DEGREE ATTENDING PHYSICIAN | TO DIRECTOR PHYS | 20b IF YE IN CERTIFY Y JOHN MATTER 18 | S, WERE FINDI IFYING CAUSES 'ES PART PRAKT, | NGS USED S OF DEATH? NO [] Alternative that I (we) couses stated |

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH

| HEALTH AND MENTAL | HYGTENE | |
|-------------------|---------|---------|
| IFICATE OF DEATH | | REG. NO |

| | | REGISTRAR | | CEKTIFI | CATE OF DE | HIA | REG | . NO | | | | |
|---|---------------|---|-----------------------------------|-----------------|----------------|-----------------------|---|--------------|-----------|----------|--------------|----------|
| | I DE | E SID NAME FIRST | MIDDLE | LA | iST | | 20 DATE OF DEATH | HINOM | DAY | YE AR | 2b HOUR | A. |
| | [1177 | John | PAtrick | (DI | neen | | | Oct | 16 | 84 | 12:05 | 5 M |
| | 3 SE) | X | 4 RACE | 5 DATE O | F BIRTH | | 6 AGE (IN YEARS LAS | I BIRTHDAY) | | RIVEAR | IF UNDER , a | |
| | | Male | White | MONTH | + 17 | 27 | 59 | YRS | MONTHS | DAT | HOURS | WIN |
| 7 | 7a BI | RTHPLACE (TATE OR FOREIGN | 76 CITIZEN OF WHAT COUNT | TRY? 8 | DENEVER M. | RRIED - | 9 BALTIMORE CIT | Y OR COUN | TY OF DE | ATH | / | |
| | 1 | Manhattan IVY | USA | WIDOWE | | ORCED [| Mon | toom | eny | Covi | 1 ty | MD |
| 7 | 10 CI | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NU | | R OTHER INSTI | UTION | 12a USUAL OCCUP | | LIFE) IND | Heal | thas | soc. |
| 1 | G | mi Mosslovna | 1 Blue Ribk | son Cou | 2t | | LAW | ier. | OI. | An | nerica | d |
| - | 130 S | AL RESIDENCE (IF NURSING JOME OR STATE 136 COUN | | | 13d INSIDE CIT | Y LIMITS? | 13e STREET ADDRES | SS / ZJP CO | DE | 2087 | 78 🚄 | |
|) | | MD Mon | tgorary Grain | ersbung | YES 🔀 | 10 🗍 | 1 13/00 | e Rit | bon | Cor | n | |
| 5 | 14 FA | ATHER'S NAME | MIDDLE LAST | 7 | 15 MOTHER'S | MAIDEN NAA | ME | E | A 4 | 1.461 | | |
| Ę | 1 | Connelius | Vine | en |] | ILA | | | 14 | olla | suc) | |
| 2 | | | E WAR OR DATES) | SECURITY NO. | 17 INFORMAN | T | | DRESS | 0 | 4 | 7 411 | 40 |
| | _ | YES KOI | enn 062- | 20-6450 | WII | 6 | 1 Blue. | にしかい | | | MYK | Kske |
| | | 18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE | ly one cause per line for ra , tb | , and ici | | 1 | a + | | | APPROXI | MATE INTERVA | ATH |
| | | | TE CAUSE (a) | rdiopul | monon | 1 HR | res 1 | | _ | | | |
| | | | DUE TO, OR AS A CONSI | EOUENCE OF . | ` ^ ' | | | | | | | |
| | | Conditions, if any, which | (b) PA | ncreatu | c Can | 1ces | | | - | | | |
| | | couse (o), stating the underlying cause last | DUE TO, OR AS A CONST | EOUENCE OF | | | | | | | | |
| | | | (c) | | | | | | | | | _ |
| | z | PART 2 OTHER SIGNIFICANT C | 1 | 0 | OV | O THE TERMI | refer | ONDITION G | IVEN IN I | PARI I a | | |
| | ATIC | Obsing Date of Operation | 196 CONDITION FOR WE | C'UMMUN | | MED. | 200 AUTOPSY? | 20h IF Y | ES WERE | FINDIN | GS USED | |
| | CERTIFICATION | | | merror entrior | | VILED | | IN CER | TIFYING (| | OF DEATH | 2 |
| 4 | ERT | 210 ACCIDENT WAS UNDERLYING | 7 216. TIME OF INJURY | | 21c HOW INJ | JRY OCCURR | YES NO | | YES | PARITI | NO [] | |
| | | OR CONTRIBUTING CAUSE OF DEA | | | | | (211(1111111111111111111111111111111111 | | | | | |
| | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER | P.M. 21e PLACE OF INJURY | 19 | 231 LOCATION | 1 | | | | | | |
| | ME | WHILE IT NO WHILE IT | (AT HOME STREET, FACTORY OF | FICE FARM ETC) | STREET | | CITY O | RIOWN | 0 | UNIY | STA | TE |
| | | 220 certify that (I) (this hospi | tal) attended the decorred for | om_15 A | 16 | 10 97 | 10 16 6 |)ct | 10 9 | 7. | hat I (we | N. Laure |
| | | saw the deceased alive on | _15 Oct | | 7 | ur) opinion d | death occurred on th | e date and h | our and t | | | |
| | | 22b SIGNATURE | t) view the body after death | | EGREE | | | | | C DATE S | | |
| | | Herin | My Stil | 1 N | 17) AT | TENDING TYSICIAN X | MEDICAL S | TAFF | | 160 | 20+0 | 1 |
| 1 | | 22d PHYSICIAN NAME | 1410] | | 22e ADDRESS | ITSICIAIVI | DIRECTOR FILL | SICIAIV | | 00 | 0/ 8 | |
| | | KEVINI | M. GIL M | 17 | 1500 | ol Du | fief Mill | RdC | mill | receb | unes 1 | nd. |
| | 23o B | BURIAL, CREMATION, REMOVAL | | 231 NAME OF CE | METERY OR CE | EMATORY | 23d LOCATION | 450 | | | + | |
| | - | Burial | 10/20/87 | Calvary | Cemete | ry | Wood | dside, | New | Yor | K | TE |
| | 24 FU | UNERAL DIRECTOF YSON W | heeler Funeral | Home I | ne | 250 DATE | REC'D, BY REGISTR | AR 256 REGI | STRAR'S | SIGNATI | JRE . | |
| | 1 | 1331 Rockville P | ike, Rockville, N | Id. 2085 | 2 | UU | 121 1987 | a mus | -UNIVE | " mala | - project | |

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IMPORTANT. If Item 21 is

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicitis as should be detacked for use as the buriol-transit permit. Then please remove carbonpapers and the State Dept of Health and Mental Hygiene prior to buriol, cremation or removal.

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FOR STATE

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Julia Dividion Pandaca

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGENE
CERTIFICATE OF DEATH

| NV - | TODE! | EASED NAME FIRST | MID | DIE | L | AST . | 20 DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR |
|------|---------------|--|------------------------|------------------|----------------|---------------------------------|--------------------------|---------------------|------------|----------------------------------|
| 0.8 | ULP N | Ettere | e Anat | hony | DiSilv | restri | 10 23 | 87 | | 1830 F |
| | 3 SEX | (| 4 RACE | | 5 DATE O | | 6 AGE (IN YEARS LAST B | | DERIYEAR | IF UNUER , 4 HR |
| 1 | M | la1e | White | | MONTH | DAY YEAR | 73 | YRS | DAYS | HOUR: MIN |
| 0 | | RTHPLACE IN THE OR FOREIGN | 76 CITIZEN OF WE | HAT COUNTR' | Y? 8 | August wannen | 9 BALTIMORE CITY | | DEATH | |
| 1 | | shington, D.C. | U.S.A. | | WIDOWE | DI DIVORCED | Montgomery | | | MD |
| 71 | 10 CT | TY OR TOWN OF DEATH | 11. NAME OF HO | | | ROTHER INSTITUTION | 120 USUAL OCCUPA | | KIND OF | F BUSINESS OR |
| 1 | | koma Park | Washingt | on Adve | entist | Hospital | Tile Sette | | | mployed |
| 6 | USUA 13a S | AL RESIDENCE (IF NURSING HOME OR LATED IS Trict 136; COUN | OTHER INSTITUTION GE | VE RESIDENCE BEF | ORE ADMISSION) | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | / ZIP CODE | 19/ | /20018 |
| 1 | of | Columbia | A | Washing | gton | YES 🔀 NO 🗌 | 2613 Queen | s Chapel | Road | N.E. |
| 131 | 14. FA | THER'S NAME | WIDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | ME | | LAST | |
| 4/ | An | tonio | | lvestr: | i | Marie | Bucco | | | |
| 1 | | VAS DECEASED EVER IN U.S. AR | | 66 SOCIAL SE | CURITY NO. | 17 INFORMANT | ADDI | RESS | | |
| 2 | No | | E WAR OR DATES) | 79-07-8 | 8836/ | Lockretta Di | Silvestri | Same as | s #13 | above |
| | | II CAUSE OF DEATH Enter on | ly not enurs per lin | | find ic 1 | 11 | | | METWEEN | MATE INTERVAL MISET AND DEATH |
| | | PART L DEATH WAS CAUSE IMMEDIAT | E CAUSE (a) | NEVA | C all | u | | | | |
| | | 10000000 | DUE TO, OR A | S ACONSHO | and but | 11 01/1 | // . | | | |
| | | Conditions, if any, which | (10 (| MIL | MIXU | myry | sher | _ | | |
| | | gave tise to immediate | DUE TO-OR | S A CONSEC | de do | 1.1. | 7.0 | | | |
| | | anderlying cover list. | 1 00 | mon | MIN | must ha | | | | |
| | . 1 | PARTO OTHER SIGNIFICANT | ONDITIONS CON | ITRIBUTING T | O DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OF CO | ADITION GIVEN IN | PART to | |
| | o l | mould. | unu | le\ | | | | | | |
| VI | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION | ON FOR WHIC | CH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 206 IF YES, WE | RE FINDIN | GS USED OF DEATH? |
| - | TE | | | | | | YES NO P | YES [| | NO 🗌 |
| 1 | _ | 210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE | 216. TIME OF I | | DAY YEAR | 216 HOW INJURY OCCURE | RED (ENTER NATURE OF IN) | URY IN ITEM IS PART | DR PART 25 | |
| 4 | EDICAL | (IF EITHER NOTIFY MEDICAL EXAMINES | | | 19 | | | | | |
| 1 | Ē | 21d INJURY OCCURRED | 21e PLACE OF | INJURY | E FARM FT() | 21f LOCATION STREET | (ITY OR T | OWN (| COUNTY | ATE. |
| 1 | ٤ | AT WORK AT WORK | | | 1.11 | 5 | 12 | 27 | 6 | |
| | | 220 I certify that (I) (this hospi | | deceased from | nen | 19 | | 19_ | | that (I (we) last |
| | | saw the deceased alive on above (it) (ive) (did)(did no | it isview the body for | ter deoth. | on | id that in (my) (our) opinion (| death occurred on the | dote and hour and | from the c | couses stated |
| | | 226 SIGNATURE | 10 . A [| - | 10 | DEGREE | | | 220 DATE S | SIGNED |
| | | WII SUM | ween it | NP | M | ATTENDING PHYSICIAN | DIRECTOR PHYS | AFF ICIAN 🗌 | 101 | 53 11 |
| 7 | | 1 6 | OR PRINT) | | | 22e ADDRESS | | | 20 | 993 |
| (| | Lewis H. DE | NNIS | | | 831 UNIV. B | LUD E. SIL | uer Spri | 49,1 | Nd |
| 75 | | BURIAL, CREMATION, REMOVAL | 23b DATE | 73 | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | - | LIBLEN | TATE |
| | | Burial | 10/27/8 | 7 F | t. Line | coln Cemetery | Brentwoo | d, Princ | e Geo | rge's,Md |
| RA | 2 FE | ARATS Gasch's | Sons Fune | ral Ho | me, P.A | 250 DAT | E REC D BY REGISTRA | | | |

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| STATE OF MARYLAND | A |
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| DEPARTMENT OF HEALTH AND MENTAL | HYGIENE |
| CEDITIFICATE OF DEATH | |

| | 1 - | FOR STATE REGISTRAR | DEPART | | EALTH AND MENTAL HYG | TENE REG NO | | - A |
|-----|---------------|--|--|------------|--|--|--|---------------------------------------|
| 00 | TOEC | TEASED NAME FIRST | ia Mikuliak | | DNIKOFF | 20 DATE OF DEATH | MONTH DAY YEAR 10 22 87 | 26 HOUR 1040M |
| ı | 3 SEX | | 4 RACE | 5 DATE | | 6 AGE (IN YEARS LAST BIRT | MONTHS DATE | |
| | | Female | White | Ma | rch 22,1899 | 88 | YRS | HOURS MIN. |
| 6 | | RTHPLACE ATE OR FOREIGN OUNTRY) | 76 CITIZEN OF WHAT COUNTRY | 2 8 | D NEVER MARRIED | 9 BALTIMORE CITY OF | | |
| 1 | 10 CI | New York | 11. NAME OF HOSPITAL, NURSI | T ADDRESS) | OR OTHER INSTITUTION | | | OF BUSINESS OR |
| 6 | 13a S | Rockville RESIDENCE HE NURSING HOME OF TATE RESIDENCE HE NURSING HOME OF T | ROTHER INSTITUTION GIVE RESIDENCE BEFO | WN | 13d INSIDE CITY LIMITS? YES NOW | Homemaker 13e STREET ADDRESS / 1270 Ric | zip code lge Rd. 21 | 771 |
| 3 | 14. FA | THER'S NAME FIRST Tlyarun | Middle (AST Mikuliak | | 15 MOTHER'S MAIDEN NAME of STREET Cristine | MIDDLE | unknown | ASI |
| 10) | | AS DECEASED EVER IN U.S. AF | | URITY NO. | 17 INFORMANT | ADDRE | SS | |
| 4 | , () | ES NO OR UNKNOWN) (IF YES G! | 155-22- | 2573 | Bill Doudn | ikoff, | Item 13 | |
|) | | | THE CAUSE IN | premi | 7 | | APPRO BETWEE | DXIMATE INTERVAL N ONSET AND DEATH |
| | NO | Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT | DUE TO, OR AS A CONSEQUENCE ON DITIONS CONTRIBUTING TO | uence of | TASCULAR ACCI | | DITION GIVEN IN PART | llo |
| 1 | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATIO | DN WAS PERFORMED | 20a AUTOPSY? | 706 IF YES, WERE FINE IN CERTIFYING CAUS YES | |
| 9 | | 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE | HOUR A.M. MONTH | DAY YEAR | 21¢ HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART OR PART 2 | |
| | MEDICAL | 214 INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE | FARM ETC 1 | 21F LOCATION STREET | (ITY OR TO) | wn COUNTY | TATE |
| | | sow the deceased aliver | oital) attended the deceased from | | nd that in (my) (our) opinion DEGREE ATTENDING | death accurred on the do | 27c DA | 1 |
| | | DX locery | 126 ~ | | PHYSICIAN 2 | DIRECTOR PHYSIC | IAN | |
| 1 | | BANLY S. | TALESALCE MD | | PTII PRILLE | Gotten Plan | Rockerthe | Mg 20850 |
| | | BURIAL, CREMATION, REMOVAL SPECIFY) Burial | Oct. 24, 1987 | | CEMETERY OR CREMATORY Grove | 73d LOCATION CITY OR TOWN Mt.Airy, | Carroll, | Md . |
| 34 | 24 FI | JNERAL DIRECTOR | esworth, P.A., Da | mascus | | TE RECO BY REGISTRAR | 256 REGISTRAR'S SIGN | ATURE |

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE

| | 2 27 | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. NO | 0 | | | |
|----|---------------|---|---|----------------------------------|-----------|--------------------------|------------------------------|---------------------|-------------------|-----------|-----------------|
| | (TYPE OF | ASED NAME FIRST | | E. | | NEBERGER | 20 DATE OF DEATH | 10 | 1 87 | 2b HO | PM |
| -1 | 3 SEX | | 4 RACE | | 5 DATE C | | 6 AGE (IN YEARS LAST BIR | | UNDER LYEAR | | R 24 HRS |
| | MA | LE | CAUCASI | AN | APRI | | 56 | YRS I | DAYS | HOURS | MIN. |
| | | HPLACE T ATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY C | OF DEATH | | |
| | KAN | | USA | | WIDOWE | _ | | RY | | | MD. |
| 1 | | OR TOWN OF DEATH | (IF NOT IN SUC | H FACILITY, GIVE STREET | ADDRESS) | DR OTHER INSTITUTION | 12a USUAL OCCUPATI | F WORKING LIFE) | | | |
| - | | OMA PARK RESIDENCE (IF NURSING HOME OF | | | | HOSPITAL | ELEVATOR I | INS. | MARY | LAND | STA |
| 5 | 13a. ST/ | ATE NI COU | | 13c. CITY OR TOWN | N | 13d. INSIDE CITY LIMITS? | | ZIP CODE OR ROAD | 207 | 37 | |
| | 14 FATH | HER'S NAME | WIDDIE | LAST | | 15 MOTHER'S MAIDEN N | IAME MIDDLE | | | | |
| | / W | ILLIAM | 0. | DRONEBER | RGER | MARILYN | F. | | CAMP | | |
| 2 | | | MED FORCES? | 025-24-0 | | 17 INFORMANT HAZEL HAYES | ADDRE S/FRIEND/SAME | | | | |
| | 1: | 8 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE IMMEDIA | nly one couse per D BY TE CAUSE (0) | line for (a), (b), one | ler | atous do | ulure | | APPRO) BETWEEN | MATE INTI | RVAL D DEATH |
| | | Conditions, if ony, which | | r as a conseque | NC OL | uer of (| ling | | 1 | h | |
| ١ | | gove rise to immediate cause (a), stating the underlying couse last | DUE TO, O | r as a conseque | NCE OF | 0 | | | | | |
| | | ART 2 OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE TE | rminal disease or con | DITION GIVE | V IN PART 1 | a | |
| 4 | CERTIFICATION | a DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | | WERE FINDI | | TH? |
| 1 | 7 | TO ACCIDENT WAS UNDERLYING DEPOY OF DE CONTRIBUTING DE CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE | HOUR A. | de injury m. month da m. | Y YEAR | 21c HOW INJURY OCCU | JRRED (ENTER NATURE OF INJUI | RY IN ITEM 18 PAR | PL OR PART 21 | | |
| | AED 1 | 1d INJURY OCCURRED | | OF INJURY REET FACTORY OFFICE FA | ARM, ETC | 211 LOCATION STREET | CITY OR TO | WN | OUNTY | | STATE |

22a | certify that (|) (this haspital) attended the deceased from sow the deceased glive on 19

that I (we) lost

ATE SIGNED

23a BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION

231 NAME OF CEMETERY OR CREMATORY

DEGREE

23d LOCATION METROPOLITAN CREMATORY ALEXANDRIA

DHMH = 16 60M 7/B4 (VRA 15, 4)

etoined by

BP.

TO FUNERAL DIRECTOR. After this certificate has been sishould be detached for use as the buriol-transit permit. The with the State Dept. of Health and Mental Hygiene prior to

morked or Item 18 sh

MPORTANT. If Item 21 is

OCT6,1987 24 FUNERAL DIRECTOR FRANCIS J. COLLINS, JR.

well (did not) view the body offer death

236 DATE

500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

VIRGINIA

Memoral

War where

OCT O7 1887.

mury, or other troumotic event, the medica

APORTANT If here 21 u.m.

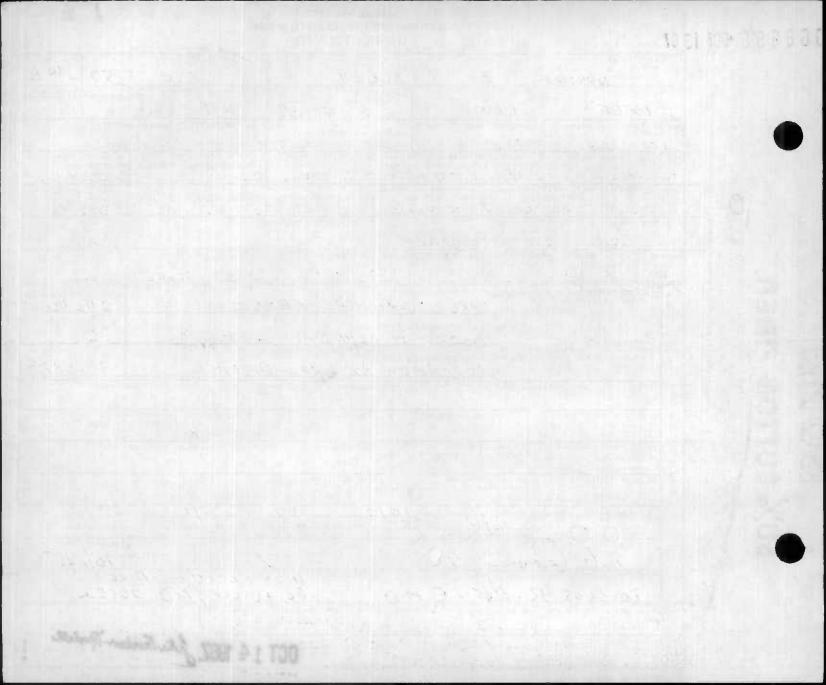
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068696 OCT

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 15 | 87 | FOR STATE REGISTRAR | | | | EALTH AND MENTAL HYG | TENE REG | NO | | |
|----|---------------|--|-----------------------|---------------------------|----------|-------------------------------------|-----------------------|------------------|-------------------|----------------------------------|
| | | CEASED NAME FIRST | MIDE | DIE | Į. | A\$1 | 20 DATE OF DEATH | | DAY YEAR | 7b HOUR |
| | (TYPE | ORPRINT) | 1 E | | DUC | EY | | 10 | 11 87 | 430 AM |
| | 3 SEX | | 4 RACE | | 5 DATE C | | 6 AGE (IN YEARS LAST | BIRTHDAY} | IF INDER YEAR | IF JINDER 24 HR |
| | | MACE | CRUC | | MONTH | 11 21 39 | 457 | YRS | MONIH DAY | HOURS MIN |
| 1 | | RTHPLACE INTATE OR FOREIGN | 76 CITIZEN OF WH | IAT COUNTRY? | 8 | NEVER MARRIED | 9 BALTIMORE CITY | | OF DEATH | |
| 0 | ` | (aryland | United | States | | | Montgom | erv Co | ninty | MD |
| , | | TY OR TOWN OF DEATH | 11. NAME OF HO | SPITAL, NURSING | HOME C | OR OTHER INSTITUTION | 120 USUAL OCCUP | NOITA | 12b KIND O | F BUSINESS OR |
| 5 | | ockville | Shady G | rove Ad | vent | tist Hosp. | Dispate | | | ty Gov' |
| 5 | USUA 130 S | AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN | OTHER INSTITUTION GIV | E RESIDENCE BEFORE A | DMISSION | 13d INSIDE CITY LIMITS? | 13e STREET ADDRES | S / ZIP CODI | E | |
| 2 | - | | gomery | Rockvil | le | YES NO | | Synfie | eld Dr. | ,/20850 |
| 1 | 14 FA | THER'S NAME | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | ME | | LAS | it. |
| | | John B | urton | Duley | , | Alberta | | | Whal | len |
| , | | VAS DECEASED EVER IN U.S. AR | MED FORCES? 16 | b SOCIAL SECUR | ITY NO | 17 INFORMANT | ADI | RESS | | |
| / | | 10 | | 214 36 | 2550 | Nancy S. | Duley v | vife, | | 13 |
| 1 | | 18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE | | | | /// | | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| | | IMMEDIA] | E CAUSE (a) | RDIOPL | 1241 | ONNRY ARR | EST | | 21/ | 2- HOURS |
| | | | DUE TO, OR A | S A CONSEQUEN | | | | / | | |
| | | Canditions, if any, which gave rise to immediate | (b) AC | LYTE | MYC | CARDIAL 1 | NFARCT, | 087 | 0 | |
| | | cause (a), stoting the underlying cause last | DUE TO, OR A | S A CONSEQUEN | ICE OF | RRTERY 1 | DICEASE | | 4. | JEDOS. |
| | | | | | | | | (CALINI DADTI) | LIFE | |
| | NO | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 | | | | | | | | |
| 25 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITIO | ON FOR WHICH C | PERATIO | N WAS PERFORMED | 200 AUTOPSY? | | S, WERE FINDIN | |
| X | # | | | | | | YES NO | | ES [| NO [|
| 3 | 8 | 21a ACCIDENT WAS UNDERLYING | 1 | NJURY MONTH DAY | YEAR | 216 HOW INJURY OCCURE | RED (ENTER NATURE OF | NJURY IN ITEM 18 | PART OR PART 71 | |
| 7 | CAL | OR CONTRIBUTING CAUSE OF DEA | (In | | 19 | | | | | |
| | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF | INJURY FACTORY OFFICE FAR | RM ETC) | 211 LOCATION STREET | LITY OF | TOWN | COUNTY | STATE |
| | ~ | AT WORK AT WORK | | | | | | | | |
| | | 220 1 certify that (I) (this hospi | / | 6. | 10/ | 7 1987 | 10.10/ | 11 | | that it (we last |
| | | saw the deceosed alive on obove (1) well (did) (did no | t view the body of | ter deoth | . 01 | nd that in Imy (our) opinian (| death occurred on the | dote and ha | | |
| | | 276 SIGNATURE |) . | 20 | | DEGREE ATTENDING | MEDICAL S | TAFF | 224 DATE | SIGNED |
| - | | D. K. K | o cena | M. | | PHYSICIAN [| DIRECTOR PHY | SICIAN | 10/1 | 11/5/ |
| 1 | | 274 PHYSICIAN'S NAME TTYPE C | . (/ | 1/- | | 22e ADDRESS ///2 | 5 ROCKU | | PIKE. | |
| /_ | | DOUGERS 1 | | 11/6 M | 1.0. | | LUICLE, | MO. | 20852 | |
| | 230 8 | BURIAL, CREMATION, REMOVAL | 236 DATE 19 | 87 23c N | AME OF C | emetery or crematory Crematorium | 23d LOCATION | - | COUNTY | STATE |
| | 24.51 | Cremation | Oct. 12 | Mo | ntgo | Crematorium Omery | Bethe | | Mary | Land |
| 34 | LINE. | JNERAL DIRECTOR Rober Ockville, Inc | | | | | 1 4 1987 | The second | NEW WIND | |
| | 30 | 0 W. Montgom | ery Av. | Rocky | ille | Md. Jour | 1 - 10017 | | 47 | €. |



FOR

OCT -7

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE REGISTRAR P DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MALE 1901 86 YRS To BIRTHPLACE, STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED' CNTEONER WIDOWED TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h AIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) SALESMAN - MUSICI 13b COUNT 20910 13e STREET ADDRESS 13d INSIDE CITY LIMITS? MON MA YES [700 SUE 14 FATHER S NAME 15 MOTHER'S MAIDEN NAME SABASTIAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 700 SLIGE AVE SSMO APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one couse per line for lall board PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate cause to stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (1) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 JE-YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? NO YES [NO F 21b. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM B PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME STREET FACTORY, OFFICE FARM ETC.) CITY OR LOWN NOT WHILE AT WORK 220 I certify that (II (this hospital) attended the deceased from sow the deceased alive on___ and that in Imy low opinion death occurred on the date and hour and from the causes stated above III was (did) (did not view the body after death 226. SIGNATURE 271. DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 9006 WILLIAM 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY 236 DATE 24 FUNERAL DIRECTOR

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

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STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

| | | R | E | G. | Ν | 0 | | |
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| - | - | - | - | | _ | | _ | - |

| 0 w £ | | CEASED NAME FIRST | MIDDE | C | LAST | 20 DATE OF DEATH | AONTH DAY YEAR 26 HOUR |
|--|---------------|---|------------------------|---------------------------------------|----------------------------|------------------------------------|---|
| poge poge | 3 SEX | MATHIEN | 4 RACE | 5. DAT | E OF BIRTH | 6 AGE (IN YEARS LAST BIRTH | DAY) IF INDER YEAR IF INDER 23 HAD |
| ector ors offe | | Female | White | Ja | | 911 76 | YRS VAT HOUR'S MIN. |
| th Po | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHA | MARE | RIED NEVER MARE | | |
| thin thin | 10 CI | New York IY OR TOWN OF DEATH | USA 11. NAME OF HOS | | WED DIVOR | CED | TO KIND OF BUSINESS OR |
| by the | 5i | IVER Spring | HOLL CA | CILITY, GIVE STREET ADDRESS) ROSS HOS | pital | Health & We | Private |
| filled in ould be must be | | | tgomery 135 | SIIVER Spri | ng 13d INSIDECITY L | IMITS? 1383 PEET ADDRESS / | Street 209/0 |
| ompletely and 2 sh | 14 FA | Joseph | WIDDIE | Murray | | ladie | (unknown) |
| n ond co | | VAS DECEASED EVER IN U.S. A VES NOTO AKNOWN) (IF YES G | | SOCIAL SECURITY NO 056-10-4453 | | dwards-son-(same | |
| refree confectors of the confe | | 18 CAUSE OF DEATH Enter of PART I DEATH WAS CAUS IMMEDIA Conditions, if any, which gove rise to immediate cause ios, stating the underlying cause lost | DUE TO OR | S A CONSEQUENCE OF | ninal | Calastry | APPROXIMATE INTERVAL ET AND DEATH |
| The law required our charge of the party of | CERTIFICATION | CALLY TO | 100002=0010000 | IN FO WHICH OPERAT | LUMANI ION WAS PERFORME | YES NO | 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YESNO |
| Class physical confectors for the first | | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN | HOUR A.M. | MONTH DAY YEA | R | Y OCCURRED (ENTER NATI PE OF INJUR | IN ITEM 18 PART DR PART /1 |
| Percential of the burn of the | MEDICAL | 21d INJURY OCCURRED WHITE NOT WHITE AT WORK | 21e PLACE OF I | | 211 LOCATION | TTY OR TO | VN COUNTY TATE |
| ATTENDING appeal or o CTOR. Also of New or of Medith. | | 220.1 certify that (1) (this hosp | oital) attended the d | eccased from | | 9 T. to | 19 tho (1) we lost te ond hour and from the causes stafed |
| FITAL OF THE BUILDING STATE TO SECOND STATE TO | | 220 STOWATURE | Lew | maier s | | NDING AEDICAL STAF | |
| A PORT A PROPERTY A PR | | ALAN IK | ERMA | SERIM | N0313 | Doorger all | 4. 5.5. WAS 20902 |
| BP | 230 8 | BURÍAL, CREMATION, REMOVA (SPECIFY) Burial | 10-6-198 | 37 Gate | of Heaven | ITY OR TOWN | ring Montgomery Md. |
| DHMH 16 60M 7 B4 (VRA 15, 4) | | uneral director nes/Rinaldi Fu | neral Home | 11800 N.H. Silver Spi | Ave., | 250 OCT 0 6 1987 | SHREGISTRAR S'SIGNATURE JOHN |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | | REGISTRAR | | | | CERTI | ICAILO | DEATH | | REG. | NO | | | | |
|----|---------------|--|--------------------------|-----------------|----------------|--|---------------|-----------------------|-------------|-------------------------------------|-----------------------|---------|---------------|--|------------|
| | | CEASED NAME | FIRST | | IDDIE | | IAST | | 20 DATE | OF DEATH | | DAY | 19 8 7 | 26 HOUR | A |
| | | Gı | 7200 | Ca | mpbel] | L E | olf | | | | 10 | | | 7:30 | M |
| | 3. SEX | (| | 4 RACE | | 5 DATE (| OF BIRTH | YEAR | 6 AGE | IN YEARS LAST | BIRTHDAY) | IF IN | DER YEAR | HOURS M | HRS AIN |
| | | Female | | White | | | t. 9, | 1903 | 83 | | YRS | | | | |
| 1 | | RTHPLACE (STATE OR F | OREIGN : | Th CITIZEN OF V | | TRY? 8 MARRIE | D NEVE | R MARRIED | 9 BALTIA | AORE CITY | OR COUNT | Y OF E | DEATH | | |
| X, | | Ohio | | U.S.A. | - | WIDOW | 1400 | DIVORCED [| | ntgome | | | | | MD |
| 2 | Si | lver Sprin | 5 | Althea | R Wood | URSING HOME (STREET ADDRESS) Land Nu | | | | ALOCCUPA VORK FOR MOS LSEWI I | ATION I OF WORKING | | | F BUSINESS | OR |
| | 13a S | MD | 13b COUN | | 13c. CITY OR | | YES 🔀 | NO 🗍 | 510 | T ADDRESS | s/zipcot | ve • | 28 | 1/ | 5 |
| 0 | 14 FA | THER'S NAME FIRST John | | AIDDLE A • | Cam | pbell | | R'S MAIDEN NA Lara | AME | WIDDLE | |] | Rake | 1 | |
| 1 | | VAS DECEASED EVER | | AED FORCES? | 166 SOCIAL | SECURITY NO. | 17 INFOR | MANT | | ADD | RESSROC | kvi. | lle, | MD 20 | 352 |
| 1 | | No | (11 123, 0112 | WAR OR DATES | 217- | 28-7830 | Harr | y Clarks | son 11 | 1315 | Common | wea. | lth D | r. | |
| | | PART I DEATH W. | AS CAUSEI IMMEDIATI | E CAUSE (a) | eres | brova EQUENÇEOF | scula | as Leu | vedi. | Con 12 | is | | | MATE INTERVAL ONSET AND DEA MAYS | ДН |
| | N | gove rise to imm cause (a), stating underlying cause | lediote g the last | (c) | AS A CONS | EOUENCE OF | NOT RELAT | ED TO THE TERM | MINAL DISE | ASE OR CC | ONDITION G | IVEN IN | N PART III | 0 | |
| 9 | CERTIFICATION | 19a DATE OF OPERAT | ION | 196 CONDIT | ION FOR W | HICH OPERATIO | N WAS PER | FORMED | 20a AL | UTOPSY? | IN CERT | | CAUSES | NGS USED OF DEATH? | |
| 7 | MEDICAL CER | 21a ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB | AUSE OF DEA | III | л. МОПТН Л. | DAY YEAR | 21¢ HOW | INJURY OCCUR | RRED (ENTER | | | | | | |
| | ME | WHILE NOT WH AT WORK AT WOR | in E | (AT HOME STRE | ET FACTORY O | FFICE FARM ETC | | 10 | 10/1 | 6/2/ | 10WN /87 | 10 | OUNTY | that de | 6 |
| | | sone the deceme above (higher of | d ukse on. | 4/11/6 | 7 | | nd that in (n | apinion | death occu | rred on the | date and ha | | from the | | d |
| 1 | | 22d PHYSICIAN'S NA | AAE 11905 OF | trug | 301 | 4 | File ADD | ATTENDING PHYSICIAN | MEDIC: | AL ST OR PHYS | SICIAN [| | 10/ | /2/87 | |
| | | Henry C. | Seru | ggs, M.I | Ď. | | 541 | 3 W. Ced | | | ethes | da, | Md 2 | 0814 | |
| | (| URIAL, CREMATION, I SPECIFY! Burial- | Remo | | /7/87 | | 11 Cen | R CREMATORY | | CATION LITY OF TOWN | | | UNITY | Ok | |
| 4 | 24 FL | NAME 5130 W | oseph I Ave | Gawler NW Was | sh., D | s, Inc. | | 25a D.C | ICT O | 'G 998 | P 256 REGIS | STRAR | SSIGNAT | Rendals | |

DHMH 16 60M 7/84 (VRA 15, 4)

BP.

DIVISION OF VITAL RECORDS, 101 W, PRESTON ST., BALTIMORE, MARYLAND 21201

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIÈNE

069129 OCT 2087 STATE CERTIFICATE OF DEATH REG NO LAST 20 DATE OF DEATH MONTH DECEASED NAME FIRST (TYPE OR PRINT) JOHN ALFIN EPPLEY OCTOBER 12, 1987 4 RACE 5. DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAYL IF UNDER I YEAR 3 SEX JANUARY 3, 1866 MALE CAUCASIAN BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE IN ATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED MARYLAND USA MONTGOMERY WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY POTOMAC ROUEN DRIVE BOOKBINDER NATL CAPITOL PRESS 130 STATE 3c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE MARYLAND MONTGOMERY POTOMAC 11400 ROUEN DRIVE 20854 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME JOHN MIDDLE **EPPLEY** HELEN SMART L. ADDRESS 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO MARY ELLEN BRAIN/DAUGHTER/SAME AS 13 578-01-1480 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I DEATH WAS CAUSED BY Malignant DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse to stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 CERTIFICATION 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 216 TIME OF INJURY 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN AT HOME STREET FACTORY OFFICE, FARM ETC) WHILE NOT WHILE AT WORK March 5th September 22a 1 certify that (1) (this hospital) attended the deceased from_____ September 28 19 57 saw the deceased alive on September 38 obove, (1) (we) (did) (did not) view the body ofter death and that in (my) (our) opinion death occurred on the date and have and from the causes stated 22c DATE SIGNED DEGREE STAFF ATTENDING MEDICAL MO DIRECTOR PHYSICIAN PHYSICIAN Physician's Lane Suite 271 20850 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY BURIAL OCT15,1987 FT.LINCOLN CEMETERY BRENTWOOD PRINCE GEORGES MD 250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

MPORTANT FUNE old be

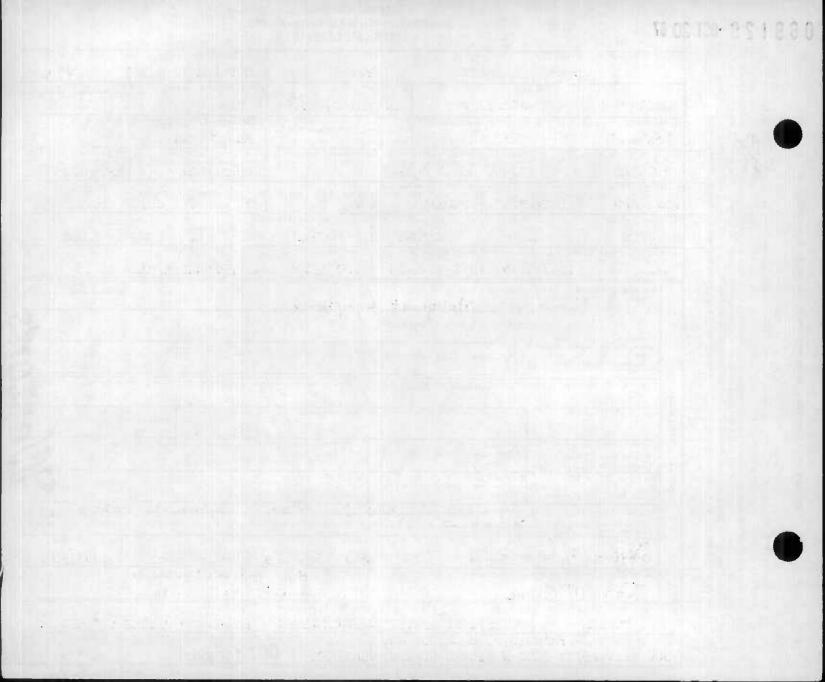
DHMH - 16 60M 7/84 (VRA 15 4)

500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

FRANCIS J. COLLINS, JR.

OCT 1 9 1987

Jose Dindon Porders



DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

| 67733 OCT | 7 | FOR STATE REGISTRAR | DEP | ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH | HYGIENE REG. N | 2. 9) | the La |
|---|---------------|--|--|--|--|---|-------------------------------------|
| deoth 3 | {TYP | CPASED NAME FIRST E OR PRINT) MORLIS | MIDDLE . | Epstein | 2a. DATE OF DEATH | MCHTH / 3 / YEAR | 7 1:45 pm |
| Page 4 mil | | Male | A RACE White | 5. DATE OF BIRTH MONTH - DAY - YEAR 1TRY? 8 | 6 AGE (IN YEARS LAST) 9 BALTIMORE CITY C | DR COUNTY OF DEATH | HOURS MIN |
| frer deoth. | 1 | UP OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE | MARRIED NEVER MARRIED WIDOWED DIVORCED URSING HOME OR OTHER INSTITUTION STREELADDRESS) | 1 Monto | | MD D OF BUSINESS OR |
| 10 21201 24 hours of liled in by told be filed in other filed in the f | | AL RESIDENCE HE NURSING HOME OR OF ALL THE STATE 136 COUN | | TOWN 134 INSIDE CITY LIMIT | SAles | . A4 | nora |
| MARYLAND ed within 24 mplerely filled and 2 skould examinet-mus | 14 F. | ATHER'S NAME | MIDDLE ESS | Tem VES NO AND IN MOTHER'S MAIDEN UNKNO | | 470 | IASI Cailleand |
| BALTIMORE, or to be execution and cappers. Pages I'vol. | | VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES GIVE | MED FORCES? 166 SOCIAL WAR OR DATES) 153- | SECURITY NO. 17 INFORMANT 10-0887 Madel | ne Epstein | Fishmow | cy Chase, M. |
| ST., entific on por even | | 18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATI | y one couse per line to, to), if O BY E CAUSE (a) A CONS | hopespinatory H | enest. | BETWEE | ROXMATE INTERVALEN ONSET AND DEATH |
| hat the death companies or tremation or corter traumonts. | | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CONS | Obstructive Luing | ///sease | | |
| Ine requires the regime that t | CERTIFICATION | PART 2 OTHER SIGNIFICANT C | | G TO DEATH BUT NOT RELATED TO THE | TERMINAL DISEASE OR CON | 20b IF YES, WERE FINI IN CERTIFYING CAUS | DINGS USED |
| AL R | Ē | | | | YES NOK | YES [| NO [] |
| ETAN: T B physical malthon | ICAL CER | 2)0 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATHER NOTIFY MEDICAL EXAMINERS | TH HOUR A.M. MONTH | 1 DAY YEAR | CURRED (ENTER NATURE OF INJU | IRY IN ITEM 8 PART OR BAR 2 | 7) |
| DIVISION OF THE SHATSHEAM ON the Boundary IN on the Boundary IN on the Boundary On the Boundary | MEDI | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY O | | TITY OR TO | YINUO) NWC | STATE |
| ATTEND ospinal o ECTOR o red for use of self-ser | | 220.1 certify that (I) (this trospin saw the deceased alive an above (I) (we (did) (did not | 1 m 1 m 100 | | nion death occurred on the d | | , that (I XX lost the couses stated |
| POTAL OF Try the 1 Try the 1 Store Des | | 22d PHYSICIAN'S NAME (19PE OF | Reple PRINII | M. D. ATTENDIN PHYSICIA | | AFF . | 0/2/87 |
| TO FOUR TO FUN TO FUN THE PART OF THE PART | 23n | Toda Aar | Hum Egster | 4701 W. | MARS HUR T | \$533 Ma | 1. 20852 |
| ВРВ | | (all) | Oct.6,1987 | King David Memoria | CITY OR TOWN | s Church, Va | TATE STATE |
| DHMH - 16 60M 7/84 | 24 F | UNERAL DIRECTOR TVCS | Pearson Funer Falls Church | al Homos | DATE REC'D. BY REGISTRAL | | |

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 169 | 1730 | OCT 20 | À7 | FOR STATE REGISTRAR | | | HEALTH AND MENTAL HYG | IENEO / G | y 1 cm 3 |
|--|--|--------------|---------------|--|-----------------------------|--------------------|-------------------------------|---|---|
| 300 | 110 | 001 20 | | | | | | REG NO. | |
| | m r | | | CEASED NAME FIRST ME | arie MIDDLEH | · Er | rol-Johnson | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| | poge 3 | | | 11/46 | RIC H. | ERR | COL-JOHNSON | 1 4 30187 | 1040% |
| | pod od | | 3 SE | | 4 RACE | 5. DATE | OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF I NDER ' YEAR IF UNDER . I HR' |
| 1 | pt pt | | I | | CAUCASI | MONI | 29 1898 | 89 | MONTHS DATE HOURS MIN |
| W | direction of the state of the s | 1 | 70 DI | EMALE RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT C | | . ag 1010 | 9 BALTIMORE CITY OR COUN | TY OF DEATH |
| | orbl o | Suce | | OUNTRY) | | MARRIE | D NEVER MARRIED | SALTIMORE CITY OR COUNT | OFBEATH |
| | dea dea | (6) | | NE | U.S.A. | WIDOW | | 1, buteru | USE A WD |
| | he f | 7 | | | | | OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 126 KIND OF BUSINESS OR |
| 0 | rs of by th | 14/ | Ta | akoma Park | Washingto | n Adventis | t Hospital | Exec. Sect. | Leg. Consultar |
| 212 | n dur | 13/ | USU. | AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUN | | | | 1 | CHICK |
| BALTIMORE, MARYLAND 2120 | 24 t | LE / | 130 | TAIL COON | - Was | hington, DC | YES TO NO T | 13e STREET ADDRESS / ZIP COI 4000 Cathedra | Ave., NW/20016/ |
| 77. | thin tely 1 2 sho | Je - | 14. FA | THER'S NAME | | | 15 MOTHER'S MAIDEN NA | | |
| A R | 44.5 | 14/11 | | | MIDDLE ROS | rgstrom | Anna | MIDDLE | Anders |
| × | 100 | 1201 | 14 > | VAS DECEASED EVER IN U.S. ARA | | CIAL SECURITY NO. | 17 INFORMANT | 7/10/00/1004 | |
| OR | 7 | Si-2 | | | | | | 24000sanfor | |
| X | 2/ 3/2 | 1 | _ | NO | 57 | 7-24-9544 | Emily M. GL | aub, Alexandria, | |
| SAL | E 028 | - 4 | | 18 CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED | y one cause per line far | (a), (b), and (c) | ^ ^ | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | 2 12 | | | | D BY. E CAUSE (a) | Braen 1 | 2 months a | | 3 1200 |
| N Z | 2 5 5 | 2 2 | | MMEDIAN | | - | | | |
| 01 | e co | ma. | | c to a the | DUE TO, OR AS A C | ONSEQUENCE OF | -2: 1.1m | 71 | 17 1001- |
| SE SE | a de | trou | | Conditions, if any, which gove rise to immediate | (p) | 1/ | oun wir | 0 | perce |
| o. > | the the | her | | cause (a), stating the underlying cause last. | DUE TO, OR AS A C | ONSEQUENCE OF | | | |
| 2 | tho d by | ol. o | | orderlying coose lost. | (c) | | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., | gne | 7 | - | PART 2 OTHER SIGNIFICANT C | onditions <u>contribu</u> | JTING TO DEATH BUT | NOT RELATED TO THE TERM | inal disease or condition g | IVEN IN PART 1 a |
| S C | The | D .5 | Ó | | | | | | |
| 000 | Dee Se | any | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FO | OR WHICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? 200 IF Y | ES, WERE FINDINGS USED |
| | ne los has | 9 S | Ë | | | | | | YES \\ \ NO \\ |
| 11 | | 1 8 × 1 | H. | 210 ACCIDENT WAS UNDERLYING | | | 21c. HOW INJURY OCCUR | RED LENTER NATURE OF INJURY IN ITEM IS | PAR' DRPARI, |
| 7 | 2 £ 5 | E C | | OR CONTRIBUTING CAUSE OF DEAT | | ONTH DAY YEAR | | | |
| Z | ring cer | Yen He | Š | (IF EITHER NOTIFY MEDICAL EXAMINER) | P.M. | 19 | 21f LOCATION | | |
| SIC | PH. | 000 | MEDICAL | | (AT HOME STREET FACTO | | STREET | LITY OR TOWN | COUNTY |
| <u>></u> | S te at | rh o prke | | AT WORK AT WORK | | 20 | 10 | 2.1 | (() |
| | Z o o | S H O | | 22a.1 certify that (1) (this haspit | al) attended the decep | sed from | 19/ | | . 19 that (Lifwe) last |
| _ | Pito TO TO for | 21- | | saw the deceased alive on above (1) (we) (did) (did not |) Leg my | 19 0 | nd that in (hy) (our) opinion | death occurred on the date and ha | our and from the couses stated |
| | REC REC | e H | | 22b SIGNATURE | view the body offer de | | DEGREE | | 226 DATE SIGNED |
| | the track | ± 0 | | X | 2 | 12 1/ | ATTENDING | MEDICAL STAFF | 30/120 |
| | by by ERA e de | AN - | | 22d PHYSICIAN'S MAME (TYPE OF | PRINTI | 0' | 1220 ADDRESS | DIRECTOR PHYSICIAN | NHS 81 |
| 2 | N P P P P P P P P P P P P P P P P P P P | #he | | MILD | (a) L 1/ | 1110 | 1111 | . Milel | 7 26 - |
| | H O H | MPORT | | 19 au | y paun | 1000 | 11/201 1/41 | ne / og | 6909 |
| - | 171 1 | 100 | 23a E | URIAL, CREMATION, REMOVAL | 23b DATE | | EMETERY OR CREMATORY | 23d LOCAPION | EQUNITY STATE |
| 114 | BP | 49 | | Burial | 10/2/87 | Cedar | Hill Cemetery | Suitland, M | |
| 71 | DHMH - 16 60 | M. Z.C. | 24 FL | INERAL DIRECTOR Joseph | Gawler's | Sons. Inc. | 250 DAT | E REC'D BY REGISTRAR 75% REQU | STRATE SIGNAME |
| | (VRA 15, | | 5 | 30 Wisconsin Av | e. NW. Washi | agton. D.C. | 20016 OC | 10 198/ Emilia | Merons. Karana |
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within 24 hours after death. Page 4 may be

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGITHE

| 1 | - STATE REGISTRAR | | | DUAR | CERTIF | CATE OF DEATH | | REG NO | | | |
|---------------|---|-------------------------------|-------------------|----------------------------------|--------------|-------------------------|----------|-----------------------------|--------------|---------------|------------------------------------|
| POPE | PASED NAME | FIRST C | Jose ' | WIDDLE | Otero | Espasandin | 1 | 20 DATE OF DEATH MC | NTH DAY | YEAR | 26 HOUR |
| Ţ | CON PRINT) | 50.58 | Λ | IMI | OTERO | ESPASHN | MIG | 10 |) 15 | - 87 | 930 anm |
| 3 SE | X | | 4 RACE | | 5. DATE C | F BIRTH | | 6 AGE IN YEARS LAST BIRTHD | | UNDER ! YEAR | |
| | male | | Whit | e | MONTH | DAY YEAR | | 86 | YRS | VIHS DAYS | HOUR MIN |
| 70 B | IRTHPLACE (STATE | OR FOREIGN | | WHAT COUNTR | Y? 8 | | | BALTIMORE CITY OR | | FDEATH | |
| | COUNTRY | | TT C | ٨ | WIDOWE | D NEVER MARRIED | | mantas | n 2811 | COUNC | ₩D. |
| | nain Ity or town of D | EATH | 11. NAME OF | HOSPITAL NUR | | R OTHER INSTITUTION | | 120 USUAL OCCUPATION | | | OF BUSINESS OR |
| | 2.11. | 1 | (IF NOT IN SUC | H FACILITY, GIVE STR | | | | Civil Serva | ORKING LIFE | INDUSTRY. | HealthOr |
| 11511 | AL RESIDENCE IN | LUL HOME O | Subul | DRM | 057 | | | OTATT Der Ag | 110-10 | II MIII . | TOUT OTTO T |
| 130 | STATE | 136 COU | | 13c CITY OR TO | WN | 136 INSIDE CITY LIMI | ITS? | 10250 West | 7 -1 | Desires | /20217 |
| | MD | Mon | tgomery | Bethe | sda | YES 🔼 NO | - | | Take | ve, ve, | /5001/ |
| 14 F. | ATHER'S NAME | | MIDDLE | LAST | | 15 MOTHER'S MAIDE | ENNAM | MIDDLE | | I A | 51 |
| | Rafael | | | Oter | 0 | Soleda | ad | | E | spasa | ndin |
| | WAS DECEASED EV | | | 166 SOCIAL SE | CURITY NO. | 17 INFORMANT | | ADDRESS | | | |
| (| YES NO OR UNKNOWN) | (IF YES, G | VE WAR OR DATES) | 196-26 | -9595A | Giuliano | Com | ba, 346 E.51 | st St | ., New | York, NY |
| _ | | ATAL C . | 1 | 1 - 6 - 1 - 1 | | | | | | | (IMATE INTERVAL ONSET AND DEATH |
| | 18 CAUSE OF DE PART I DEATH | WASCALIS | FD BY | | | 1200 | 1 | 111111 | | BETWEEN | W 6/6 |
| | | IMMEDIA | TE CAUSE (0) | MICDIOR | ESFIR | 14 TORY | 7 | FILURE | | - | 4 17 1 |
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| | Conditions, if o | | ((b) / | Myoc | AR 31A | L INFO | 4RC | 170n/ 1 | | 4. | DAYS |
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| | underlying coi | ose lost | 1 0/ | 11 | SCLERO | TIE AND | NOVA | escuctor L |) IS GARE | IN | DOF |
| | PART 2 OTHER S | GNIFICANT | CONDITIONS CO | ONTRIBUTING T | O DEATH BUT | NOT RELATED TO THE | ETERMI | NAL DISEASE OR CONDIT | ION GIVEN | IN PART 1 | a |
| Z | | | | | | | | | | | |
| CERTIFICATION | 190 DATE OF OPE | RATION | 19b COND | ITION FOR WHI | CH OPERATIO | N WAS PERFORMED | | | | VERE FINDI | |
| FIC | | | _ | | | | | YES TO NOTH | N CERTIFYII | | S OF DEATH? |
| ERT | 71a. ACCIDENT WAS | INDERLYING T | 7 216 TIME O | E IN ILIRY | | 1214 HOW INTURY O | CCLIRRE | ED (ENTER NATURE OF INJURY) | | | 140 [] |
| | OR CONTRIBUTING | _ | LIOUD A | M. MONTH | DAY YEAR | | ~ | TEMES ANTONE OF INJUST 1 | TO THE PARTY | JA (DA (2) | |
| CA | (IF EITHER NOTIFY M | | | Μ. | 19 | | | | | | |
| MEDICAL | 21d. INJURY OCCI | The second name of the second | 21e PLACE | OF INJURY REET FACTORY OFFICE | E FARM ETC) | 211 LOCATION | | CITY OR TOWN | | COUNTY | STATE |
| ~ | AT WORK AT | WHILE WORK | | | | - | | | | | |
| | 22a.1 certify that | (I) (this hosp | oital attended th | e deceased from | n 9 - | 25 19- | 87 | to 10 | 14. 19 | 87 | that (f) (we) lost |
| | saw the dece | | | 19 | 87.01 | nd that in (my) (our op | pinian d | eath occurred on the date | and hour o | nd from the | couses stated |
| | Dove, (I) (we | T[did][did if | on view the body | offer deoth | / | DEGREE | | | | 122¢ DATE | E SIGNED . |
| - | 1 | | 61 | 1/10 | /// | ATTENDI | | MEDICAL STAFF | | 10 | IHT. |
| | THE DESIGNATION OF THE PERSON | DAME OF | 11/1 | / cen | 120 | PHYSICI 177¢ ADDRESS | IAN [] | DIRECTOR PHYSICIA | NIA | 10/ | 19/ |
| | TH PHYSICIAN'S | HAME THE | 0 | 11/2. | 100 | | | 1 0 | 20 | 381 | 1111 |
| | PROT | 45 | (. / | unye | t | 8200 W 150 | ONS | // | 11/6 | 5011 | 1119 |
| | BURIAL, CREMATIO | N, REMOVA | | | | EMETERY OR CREMAT | | 23d LOCATION | | ACHAIN | STATE |
| | Cremati | on | 10/20 | 0/87 | It. Com | fort Crema | tory | Alexandr | ia, V | HOUNTY | 3161(|
| 24 F | UNERAL DIRECTOR | | eph Gawl | | ns, Inc | . 25 | Sa DATE | REC'D. BY REGISTRAR 25 | | | . / |
| | 30 Wiscon | | | | | 20016 | ULI | 2 8 1987 | in d | cordern. | Randale |
| 100 | | | | | | | | | | | |

DHMH = 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cashauld be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN The low

attending physicion

etoined by the hospital or

BP.

the transfer to page 3

completely filled in by the and 2 should be filed

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and co-should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages, with the State Dept of Health and Mental Hygiene prior ta burnal, cremation, arxemaval.

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(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH

| 3 87 | FOR STATE REGISTRAR | DEP | | EALTH AND MENTAL HYG | REG NO | , 200 |
|---------------|--|-----------------------------------|------------------|------------------------------|--------------------------------|--|
| 1. DE | CEASED NAME FIRST | MIDDLE | | AST | 20 DATE OF DEATH MON | TH DAY YEAR 26 HOUR |
| | E OR PRINT) | | | | | |
| | Ani | m M | TA | NA | / | 0 2787 2:30 |
| 3 SE | × | 4 RACE | 5 DATE C | OF BIRTH | & AGE (IN YEARS LAST BIRTHDA | Y) IF UNDER : YEAR IF UNDER /4 |
| | I | 4) | MONTH | 161 | 73 | MON H. DATS HOUR |
| - | | | (5 | 27 17 | 13 | YRS |
| | IRTHPLACE ATE OF FOREIGN | 76 CITIZEN OF WHAT COUN | MARRIE | NEVER MARRIED | 9 BALTIMORE CITY OR CO | OUNTY OF DEATH |
| | ASHINGTON, DC | USA | WIDOWE | | Montann | 8011 (1) |
| | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL NO | | | 12a USUAL OCCUPATION | 126 KIND OF BUSINESS |
| 1 | 1 - 0 | SIGNOT IN SUCH FACILITY, GIVE | | - 101 | TYPE OF WORK FOR MOST OF WO | PRKING LIFE) INDUSTRY |
| 0 | PhilyER Speing | HOLU CLOS | S HOS | D, 141 | HOMEMAKER | |
| USU | IAL RESIDENCE HE NURSING HONE OF | ROTHER INSTITUTION GIVE RESIDENCE | | | 1 | |
| | STATE 13b COU | | | 13d INSIDE CITY LIMITS? | 2722 KIRKWOO | DD PLACE 20782 |
| | | EORGES HYATT | SVILLE | YES NO | | DD TEACE 20702 |
| 14 FA | ATHER'S NAME FIRST | MIDDLE LAST | T | 15 MOTHER'S MAIDEN NA | ME | 1.457 |
| | JOSEPH | RONCAGLI | OLO | TERESA | MIDUE | TESSARA |
| 160 1 | WAS DECEASED EVER IN U.S. AR | | SECURITY NO | 17 INFORMANT | ADDRESS | |
| 1 | YES NO OR UNKNOWN) (IF YES GI | VE WAR OR DATES) | | | | CAME AC 12 |
| N | NO | 5//-0 | 3-7656 | GEORGE J. FA | AINA/HUSBAND/S | DAME AS 13 |
| | gave rise to immediate couse (a) stating the underlying cause lost PART 2 OTHER SIGNIFICANT | DUE TO, OR AS A CONS | | NOT RELATED TO THE TERM | AINAL DISEASE OR CONDITION | ON GIVEN IN PART 1 a |
| ATION | Rena 190 DATE OF OPERATION | L Failure | - | | | b IF YES, WERE FINDINGS USED |
| CERTIFICATION | | 150 CONDITION FOR W | THE OPERATIO | WAS FERI ORMED | YES NO PSI | VERTIFYING CAUSES OF DEATH |
| Ü | 210 ACCIDENT WAS UNDERLYING | 216 TIME OF INJURY | DAY VECS | 216 HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN | ITEM IS PART I OR PART . |
| | OR CONTRIBUTING CAUSE OF DE | | | | | |
| S | 216 INJURY OCCURRED | 21e PLACE OF INJURY | 19 | 21f LOCATION | | |
| MEDICAL | | (AT HOME STREET FACTORY OF | FFICE FARM ETC) | STREET | CITY OR TOWN | COUNTY 51A |
| | AT WORK AT WORK | | | / | | / |
| | 22a I certify that (1) (this hasp | ital attended the deceased for | rom | 130 19 8 - |) to /0/ | 27 19 8 2 that (1 (we |
| | saw the deceased alive or | 10/27 | 19 87 01 | nd that in Imy (our) opinion | death occurred on the date of | and hour and from the couses state |
| | obove, (1) (we) (did) (did no | of view the body ofter death. | | | | |
| | 276 SIGNATORS | 1. 4 | 4 | DEGREE | MEDICAL STAFF | 221 DATE SIGNED |
| | 0. da | 7- Low | hem | MO ATTENDING PHYSICIAN T | DIRECTOR PHYSICIAN | 10 /0/22, |
| 1 | 221 PHYSICIAN'S NAME (TYPE | OR PPINT) | | 22e ADDRESS | | |
| | Sheller L | ABY - GOT | TITEIM | 1106 Spr. | 7 St. Sil | in Spein 1 |
| | I swilley L | 7 601 | 1/2/2 | | J | 1 2 1 |
| | BURIAL, CREMATION, REMOVAL | | | EMETERY OR CREMATORY | 23d LOCATION | and the same of th |
| | BURIAL | OCT30,1987 | GATE OF | HEAVEN CEMET | ERY SILVER SPI | RING MONTGOMERY |
| 24 FI | | CIS J. COLLINS | | | TE REC D. BY REGISTRAR 25b | |
| | NAME | ADDI | RF | 3.27 | 11/ 0 1007 | |
| 1 50 | 00 UNIVERSITY B | LVD W SILVER S | SPRING, I | MD 20901 IN | JV 2 130/ | In Scaling - Pundass |

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1 - | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. NO | | | |
|--|---------------|---|---------------------------------------|--------------------------|-------------|--|-----------------------------|----------------|------------------------|----------------------------------|
| 7 0 3 5 2 BCT 36 | J OF | EASED NAME FI | AKA VERNA | MIDDLE | l | AST | 20 DATE OF DEATH M | ONTH DA | YEAR | 26 HOUR |
| O O O B to O | | VERON | ICA | A | FAVRI | EAU | 10 | 241 | 48 | 9-90 M |
| moy fer d | 3 SEX | (| 4 RACE | | 5 DATE C | FBIRTH | 6 AGE TIN YEARS LAST BIRTHO | AYI | INDER YEAR | IF UNDER . HRY |
| ge 4 ector | 100 | 7 | W | | 2 | -8-25 | 62 | YRS | | |
| 2 hours | | RTHPLACE I STATE OF FORE | IGN 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | NEVER MARRIED | 9 BALTIMORE CITY OR | COUNTYO | FDEATH | |
| de orth | | nnsylvania | USA | | WIDOWE | D DIVORCED | Montgome | ry | | MD |
| | | TY OR TOWN OF DEATH | (IF NOT IN SU | CH FACILITY, GIVE STREET | ADDRESS) | PR OTHER INSTITUTION | | VORKING LIFE) | 12b KIND (INDUSTRY | OF BUSINESS OR |
| by the | | lver Spring | HOLY HOME OR OTHER INSTITUTION | Cross Hos | | ? | Homemaker | | | |
| though the debe | | TATE 13 | COUNTY | 130 CITY OR TOW | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / Z | | | |
| LAN in 2, shoul | | Lyland THER'S NAME | Pr. Geo. | Adelphi | | YES NO NO NA | 2616 Hughes | Road | 2 | 0783 |
| with with and 2 |) " | FIRST | MIDDLE | LAST | | FIRST | WIDDLE | | LA | ST |
| L. M. | 1/4 1/ | Charles | - | COUNTER | DIA VIIGI | Veronica 17 INFORMANT | ADDRESS | Un | known | |
| NOR! | 1 | YES NO OR UNKNOWN) | FYES GIVE WAR OR DATES) | | | | | | | |
| LTIM ers. P | No | | | 208-16-6 | | Robert F. Fav | rreau Husbar | id Sa | me as | MATE INTERVAL ONSET AND DEATH |
| hysicate pape pape naval | | 18 CAUSE OF DEATH IE PART I DEATH WAS | CAUSED BY | | | row necro | cic | | | ecks |
| certing probability of the proba | | IM. | MEDIATE CAUSE (a) | | | ow necro | 313 | | - 10 | E-153 |
| STOP eath re ca an, a | | Conditions, if any, w | | metast | | small cell | carcinoma | | 3 | mo |
| he de | | gave rise to immed | iote | DR AS A CONSEQUI | | 2.11.5011 | | | | |
| w that that the same of the sa | | | lost | luna | can | cer | | | 3 | mo |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 BING PHYSICIAN The low requires that the death certificate be executed within 24 hours after this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be fill this and Mental Physician prior to burial, cremotion, ar removal are more prior to burial, cremotion, ar removal are medical examples that are them. It is phaws only injury, or other traumatic event, the medical examples must be full orked at them. | | | _ | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDI | TION GIVEN | J IN PART 1 | a |
| PRDS signature and signature a | NO. | nohe | | | | | | | | |
| S be s be | CERTIFICATION | 190 DATE OF OPERATIO | N 195 CONE | DITION FOR WHICH | OPERATIO | N WAS PERFORMED | | | WERE FINDE | NGS USED S OF DEATH? |
| The Cran Sit pe | RTIF | 11/1 | | | | In the state of th | YES NO | YES | | NO 🗌 |
| AN T shysici ficate fronsi | | OR CONTRIBUTED A | YING 216 TIME O | | AY YEAR | 21¢ HOW INJURY OCCUR | RED LENTER NATURE OF INJURY | IN ITEM 18 PAR | T OR PART | |
| SECTA Certification of the section o | MEDICAL | (IF EITHER NOTIFY MEDICAL I | EXAMINER) P | OF INJURY | 19 | 21f LOCATION | | | | |
| PHY tendir this the bund w | MEC | WHILE TO A VANIE | (AT HOME ST | TREET FALTON OFFICE F | | STREET | ity OR TOW | ٧ | OUNTY | HATE |
| DING DING DING Afte e os a dith o | | 22a I certify that (I) (Hit sow the deceased of | = = = = = = = = = = = = = = = = = = = | ho deserved trans | | | un 10/2 | 4 10 | 87 | that it two kist |
| TEN TO OR THE S | | sow the deceased of | plive on 1012 | 24 198 | 7 | nd that in (my) (our) opinion | | and hour | and from the | |
| RECT RECT of the spirit of the | | obove, (I) (we) (did) | (did not view the bod | y after death. | | DEGREE | | | 22c DATE | SIGNED |
| the Designation of the Post of | | Kath | 41 5 K | moin. | - Mi | ATTENDING PHYSICIAN | MEDICAL STAFF | NU | 10/ | 25/87 |
| SPITAL SPITAL SPITAL SPITAL SPITAL TANT | | 274 PHYSICIAN'S NAME | THE CAPACITY OF | | - | 122e ADDRESS | | | 1 | - |
| O h phart of the o | | KATHRYA | 05. Ki | rWIN | MD | 10400 Conn | . Ave Suite | 606, | Kensi no | ston, Md. |
| 0 4 5 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | | BURIAL, CREMATION, REA | MOVAL 236 DATE | 23c 1 | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | | |
| BP | | (SPECIFY) | Oct 25 | 1987 G | ito a | Heaven | | ing M | ontacr | neru Md. |
| DHMH - 16 60M 7/84 | 24 F | | ancis J. Co | | | 25a DAT | E REC D BY REGISTRAR 25 | | | |
| (VRA 15, 4) | 50 | O University | | | | | 1 2 9 1957 | F P | | |

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STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | DEC | EASED NAME FIRM | | WIETHE | | LAST | | 20 DATE O | FDEATH | MON'H | | 25 11011 |
|--|-----------------------|--|--|--|---|----------------------|---|---|--|--------------------|---|--------------------------------|
| | | OR PRINT | | 7 | | | | 4 | | in | DAT YEAR | 2b HOU |
| - | | YOF | 72 | E, | 14 | 61221 | JER A | 11 | | 10. | 3/ 1987 | 070 |
| | SEX | 1-1- | 4 RACE | 11-81 | 5 DATE | OF BIRTH | YEAR | 6 AGE IN | YEARS LAST BIR | THDAY) | IF INTER SA | RIFNIR |
| | 1 | RTHPLACE ATE OF FOREIGN | / | Myle. | NIRY? 8 | 30 | 1896 | I DALTING | DE CITY O | YRS | TY OF DEATH | |
| 5 | /0 BIN | PUNTR | 76 CITIZEN | 11.5 1 | MARRI | 2 | MARRIED = | Ma | ALT | | OFDEATH | |
| 윙 | 10 CI | TENU! | 11. NAME O | OF HOSPITAL, N | URSING HOME | | NORCED | 120 USUAL | OCCUPATI | Me | 75 KIND | OF BUSINE |
| | 3 | LUCK SORING | AC. | | STREET ADDRESS | szita | <u>Q</u> | Fed. Ho | it Ret | LEC WOPING | | toe: |
| | 130 S | mary and 136 (2) | Monte | Silve | Dervy | YES | CITY LIMITS? | 620-0 | ADDRESS | ZIP COI | are. | 209 |
| 50 | 14 FA | HER'S NAME FIRST | WIDDIE | Feiss | ner. | 15 MOTHER | S MAIDEN NA | ME | MIDDLE | 1 | wests | A T |
| 1 | 16a W | AS DECEASED EVER IN U.S. AI | AR OR DATES | 547- | 20 - 196' | Karl | H. Fei | essee | ADDRE | 3.2) | 0 | |
| 1 | 1 | 18 CAUS OF DEATH Enter o | EDBV | | b and c | | | | ·-A | a . | APPRI BETWEE | DXIMATE INTER |
| | 4 | PART DEATH WAS CAUS | TE CAUSE (0) | axi | eralla | N AN | recon | ea c | exel | | 6- | Mix |
| - | | | | , | ISEQUENCE OF | 11 | 201000 | - 16 | ack | | | |
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DHMH - 16 60M 7 (VRA 15, 4)

VOF VITAL RECORDS, 30 W. PRESTON

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1

| Jo I ULI | ZU 8 | REGISTRAR | | CERTIF | FICATE OF DEATH | REG. NO |
|---|------------|--|---|-------------|----------------------------------|--|
| | 1 D | DECEASED NAME FIRST | MIDDLE | l l | LAST | 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR |
| oge 3 deoth | | SA | | F | ISHMAN | 10-13-87 9-30h |
| or pog | 3 S | EX | 4 RACE | 5. DATE C | H DAY YEAR | 6 AGE (IN YEARS (AST BIRTHDAY) IF UNDER 1 YEAR IF CINER 24 HR |
| urs o | | FEMALE | WHITE | FEE | | 92 YRS |
| oth Person di 72 hou | 70 | BIRTHPLACE STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY? | 8 MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY OF DEATH |
| of or | 4 | AUSTRIA | U.S.A. | WIDOWE | | MONTGOMERY CO. MD. |
| the f | /10 | CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY |
| by the filed with | | ROCKVILLE | HEBREW HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE | - 244654044 | | HOME MAKER AT HOME |
| n 24 hours hours be | ,)30 | D.C. NON | JNTY 13c. CITY OR TOWI | 'N | 13d Inside City Limits? YES X NO | 13e STREET ADDRESS 4530 CONN. AVE. 20008 |
| mpeter ond 2 st | 14 | FATHER'S NAME FIRST JACOB | ALPERN LAST | | DORA | RENNERT . |
| d co | 160 | WAS DECEASED EVER IN U.S. AF | RMED FORCES? 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | 8605 SPRINGDELL PL. |
| be ex | 5 | NO | 090-03-9 | 1952 | RHODA SCHOEN | CREVI CHASE, INC. 20015 |
| physical phy | | | only ane cause per line lor (o), (b), and SED BY ATE CAUSE (o) COLO | ide | agrest | APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ne death ce ne ottending emove corb mation, or r r troumotic | | Conditions, if any, which gave rise to immediate | DUE TO, OR AS A CONSEQUE | ddl | er tumo | 2 |
| thot if | | couse to, stating the underlying cause last | | revi | | |
| equires then p Then p ir to bur | ATION | | CONDITIONS CONTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | ninal disease or condition given in part. I i d |
| The low room ton | CERTIFICAT | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATIO | | 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO |
| ICIAN T g physici entificate iol-tronsi intol Hygistem 18 sh | 40.0 | OR COLUMNICATION CALLES OF DE | HOUR A.M. MONTH DA | AY YEAR | 21¢ HOW INJURY OCCURR | RED (ENTER NATURE OF INJURY IN 11EM 18 PART OR PART 2) |
| ottending ter this cost the burner of the bu | MEDICAL | 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY LATHOME STREET FACTORY OFFICE FI | ARM ETC) | 211 LOCATION STREET | CITY OR TOWN COUNTY STATE |
| TTENDIN | | sow the deceased alive or | pital) attended the deceased from 10-13-19 on 10-13-19 | 87.0 | nd that in (my) (our) opinion of | , to |
| ALORA The hos ALDIREC detached ate Dept If If them | | 226 SIGNATURE | udlin | D | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN D 220 DATE SIGNED 10 -14-87 |
| NER De G | 7 | 224 PHYSICIAN'S NAME (TYPE | | | 22e ADDRESS | 1 |
| TO HOSI | | | DHAKAR | | HEKK | EN HOME, ROCKVILLEM |
| A 12 61 69 | 230 | BURIAL, CREMATION, REMOVAI | | | CEMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN COUNTY STATE |
| BP | 24 | CREMATION FUNERAL DIRECTOR | 10-14-1987 CH | HAMBET | | RIVERDALE, P.G.C. Md. |
| DHMH 16 50M 1/81 (VRA 15, 4) | . 24 | NAME | ADDRESS OF THE | TENTO CI | 20910 007 | T 19 1987 |
| | | W. W. CHAMBER | S CO. INC. SILV | ER SI | PRING, Ma. UC | 1 9 1901 the Dead Com |

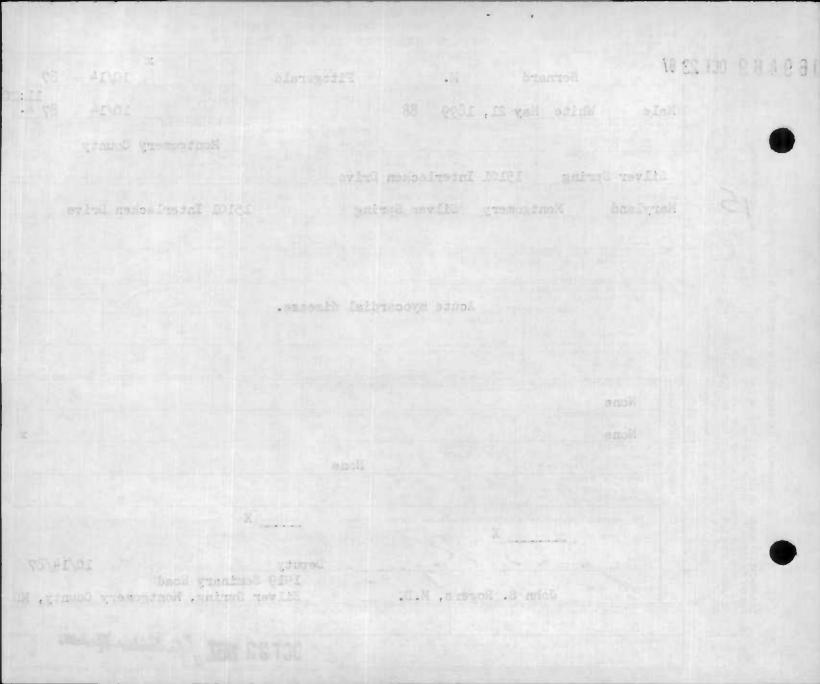
TARTE OF THE LETTER OF THE STATE OF THE STAT COCCI . WILLIAMS COOK BE A TOCK THAT Surgery 10:21-21-22 Person Bureling 1:2:12 Person P COOR CLASS OF CO. OF STARLES IN IN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL YOR ENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME REGISTRAR REG NO DATE KNOWN X OF DEATH MATED Bernard Fitzgerald 10/14 DATE OF BIRTH & AGE IN YEARS IF UNDER 24 HRS 2 3 PRONOUNCED 87 A. M May 21, 1899 88 Male 10/14 19 TO BIRTHPLACE CATEOR 16 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED V NEVER MARRIED MASSACHUSETTS USA WIDOWED DIVORCED E. W. Montgomery County 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS LAWYER AM. COKE-COAL CHEMICALS Silver Spring 15101 Interlacken Drive UNIT#901 13e STREET ADDRESS UNIT #901 20906 Maryland Montgomery Silver Spring 15101 Interlacken Drive BALTIMORE, MD. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FITZGERALD WALSH MICHAEL MARY 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YE NO. OR UNKNOWN) LIF YES, GIVE WAR OR DATEST CLARA F. FITZGERALD/WIFE/SAME AS 13 349-07-6701 CAUSE OF DEATH (Enter only one couse per line for (o), 'b), and (c). E CHIEF MEDICAL EXAMINER ALONG W BE USED AS A BURIAL-TRANSIT PERMIT. NT OF HEALTH AND MENTAL HYGIENE, D BORIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEA PART I DEATH WAS CAUSED BY Acute myocardial disease. IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gave rise to immediate couse (o) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 CERTIFICATION None 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEARTH, WITH THE STATE DEFARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BIDRA None YES NOX 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (AT HOME IF LOCATION STREET FACTORY FARM ETC 1 CITY OR TOWN WHILE AT WORK Inspection X 22a I certify that I took charge of the remains described above, held an Autopsy death resulted from: Natural causes Homicide TITLE (SPECIFY) ACTUAL DATE SIGNED 10/14/87 Deputy SIGNATUR MEDICAL EXAMINER 1919 Seminary Road EXAMBLER'S NAME John S. Rogers. M.D. Silver Spring, Montgomery County, MD TYPE OR PRINT 230 BURIAL CREMATION, REMOVAL 236 DATE SILVER SPRING MONTGOMERY MD GATE OF HEAVEN CEMETERY OCT16,1987 BURIAL 07 84 BP

24 FUNERAL DIRECTOR

(VR A15 ME (5))

FRANCIS J. COLLINS, JR. 500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

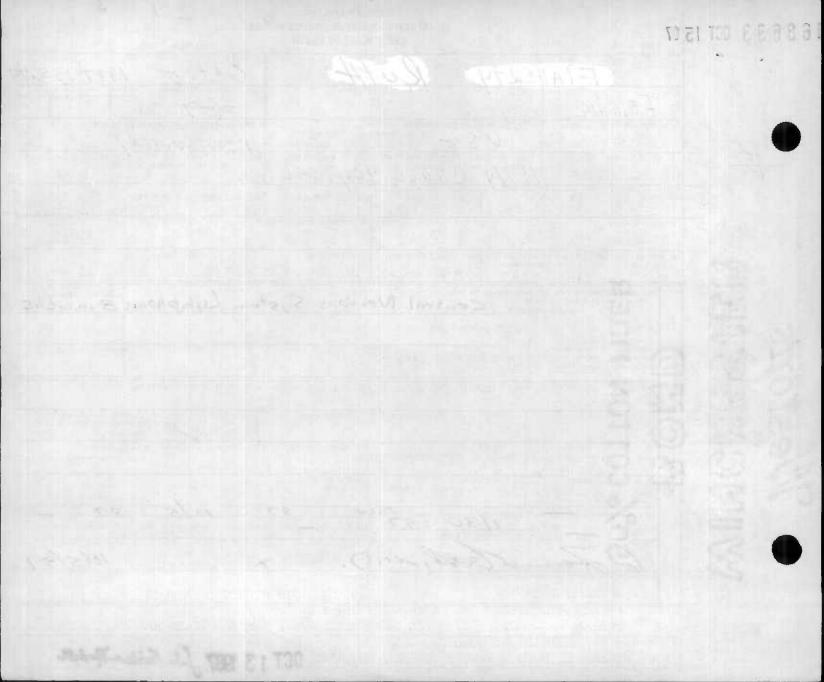


ilia Devilor

Betmesda-Chevy Chase, Inc. 7557 Wisconsin Avenue Bethesda, Maryland

DHMH - 17

(VR A15 ME (5))



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seral director page 3 s.72 hours after death

rioned by the heighted to FundRat DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

HOSPITAL

BP.

MPORTANT. # H

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HTGIENE CERTIFICATE OF DEATH

| 1.0 | 87 | REGISTRAR | | | | CERTIF | ICATE OF I | EAIR | REG N | 0 | | |
|-----|---------------|---------------------------------------|---|------------------|------------------------|------------|-----------------|----------------------|---------------------------|-----------------|--|-------------------|
| 11 | | CEASED NAME | FIRST | , | MIDDLE | | LAST | | | | DAY YEAR | Zh HOUR |
| | ITYPE | ORPRINT) ST | YDY | E | R. | FLI | NT | | | 10 - | 10-87 | 18301 |
| ı | 3. SE) | (| | 4 RACE | | 5 DATE (| OF BIRTH | | 6 AGE TIN YEARS LAST BI | THDAY) | IF UNDER 4 YEAR | IF UNDER 24 HRS |
| | | Female | | Cauca | sian | Jun | | 1902 | 85 | YRS | MUNINE DATS | HOUR MIN |
| , | 7a BII | RTHPLACE (STATE ON FO | DREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER | AARRIED [] | 9 BALTIMORE CITY | R COUNTY | OF DEATH | |
| | | New York | | U.S | | WIDOW | DXX DI | VORCED [| MONTA | OMER | Y C | 20. MI |
| | 10 CI | TY OR TOWN OF DEAT | H | | HOSPITAL, NURSIN | | OR OTHER INS | INTUTION | 120 USUAL OCCUPAT | | | OF BUSINESS OR |
| 1 | 12 | ETHESD | A | SUBUR | BAN H | OSPI | TAL | | Bookkeep | | | Busines |
| | USU A | AL RESIDENCE (IF NURSIN | ISh COUR | | GIVE RESIDENCE BEFORE | | 1 13d INSIDE C | ITY I IAA ITS? | 13e STREET ADDRESS | | and the state of t | 1084 |
| | Ма | rvland | | gomery | Rockvill | | YES [| NO X | 6111 Mon | trosa | Road | #206 |
| 7 | | THER'S NAME | 11011 | 290mery | ROCKVIII | | | MAIDENNA | | CIOSE | Noau | 1200 |
| 1 | | FIRST | | MIDDLE | LAST | | | FIRST | MIDDLE | | ŁA! | |
| | | Jacob | | | immerman | | | ary | | | Sharf | |
| | | VAS DECEASED EVER I | | MED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMA | .NT | 1649 E. | Jeffer | son #20 | 02 |
| ļ | | no | r | 1/a | 107-22-2 | 927 | Anne_S | <u>ternber</u> | rq Rockvill | e, MD | 20852 | |
| | | 18 CAUSE OF DEATH | Enter ar | ly ane cause per | line far (a), (b), and | dicti | | | • | | BETWEEN | ONSET AND DEATH |
| | | PART I. DEATH WA | | TE CAUSE (a) | MIJOCAI | 1011 | 9/ | INFA | ACTION | | 130 | weeks |
| 1 | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | | |
| Л | | C 1. " | | DUE 10, OI | R AS A CONSEQUE | NCE OF | | | | | | |
| | | Canditions, if any, gave rise to immi | | (b) | | | | | | | | |
| | | cause (a), stating | the | DUE TO, OF | R AS A CONSEQUE | NCE OF | | | | | | |
| | | underlying cause | last | ((() | | | | | | | | |
| | | PART 2 OTHER SIGN | IFICANT (| CONDITIONS CO | ONTRIBUTING TO D | EATH BUT | NOT RELATED | TO THE TERM | INAL DISEASE OR CON | DITION GIV | EN IN PART I | a |
| | CERTIFICATION | CHEON | 10 | RE | NAL | F | 1, 1UR. | 0 | | 5.11011 6111 | 2 | 4 |
| 3 | AT | 190 DATE OF OPERATI | ON | 19h CONDI | TION FOR WHICH | OPERATIO | N WAS PERFO | RMED | 700 AUTOPSY? | | , WERE FIND | |
| 71 | F | | | | | | | | VES D NOD | | YING CAUSES | |
| | FRT | 21a ACCIDENT WAS UNDE | DIVING F | 7 216 TIME O | F IN LUIDY | | 21. 4044.5 | ILIBY OCCUPS | YES NO | YES | | NO 🗌 |
| 3 | - | OR CONTRIBUTING CA | | 110110 1 | M. MONTH DA | Y YEAR | ZIL HOW IN | JURT OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 P | ART I OR PART 2) | |
| | CA | (IF EITHER NOTIFY MEDICA | | | M. | 19 | | | | | | |
| | MEDICAL | 214 INJURY OCCURRE | D | 21e PLACE | | | 211 LOCATION | N | CITY OR TO | | COUNTY | STATE |
| | * | WHIE NOT WHILE | £ 🔲 | (ATHOME STR | EET FACTORY OFFICE FA | ARAA ETC } | ZIMEE | | CITTORIC | 19014 | CODIVIT | STATE |
| | | | | | 1 | 7 | 115 | 5-1 | 10/10 | | 65 | |
| | | 22a I certify that (I) (| | 1/// | deceased from 19 | - 3 | 7-0 | . 19 9 15 | 10 10/10 | | , | that (I) (we) las |
| | | abave, (1) (we) (di | d) (did ne | view the bady | after death | . 0 | na that in (my) | (dur) apinian | death accurred an the d | ate and haur | r and fram the | causes stated |
| | | 12h SIGNATURE | // | /1 | _ | | DEGREE | | | | 224 DATE | SIGNED |
| | | 1. | 40 | 0/1 - | 1> | | | TTENDING PHYSICIAN X | MEDICAL STA | | 10/ | 10 187 |
| 71 | - | 224 PHYSICIAN'S NA | WE (TYPE C | OR PRINT) | | | 22e ADDRES | | J DIRECTOR [] TITISH | -1017 | | -/-/- |
| 1 | | STEPH | N | 40/1 | man | | 6246 | Mour | POSE Rd | Re | ockoul. | & MI |
| | | URIAL, CREMATION, R | EMOVAL | | 23c N | IAME OF C | EMETERY OR | REMATORY | 23d LOCATION | | 10.11 | |
| | - | Burial | | October | 12,198/ | retz | Hachai | m | CITY ON TOWN | | IS | rael |
| | 24 FL | INERAL DIRECTOR | | | | | | | E REC'D BY REGISTRAR | Bh.REG C | | |
| | | NAME | - D- | | ADDRESS | ~3 | 1 | 1007 | 1 5 1087 | wie De | Magar-1 | Moder |
| | T | ves-Pearson | 1 Ful | ieral Ho | mes, Fall | s Chi | arcn, V | A | TO MONTH | 4 | - 6 | |

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funecal director page 3 thin 72 hours after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 28 | 87 | FOR STATE REGISTRAR | | DEPARTA | | EALTH AND MENTAL HYG ICATE OF DEATH | REG N | 2 9 | ! ; | . 0 |
|----|---------------|--|--|--|----------|--|--|-----------------|----------------------------------|-------------------------------------|
| | | CEASED NAME FIRST | MIDDLE | | ı | AST | 20 DATE OF DEATH | | DAY YEAR | 2b HOUR |
| 1 | TYPE | | STEPHANIE S | AYAKA | FLOOD | | OCTOBER | 23 198 | 37 | 9:08 A |
| -1 | 3 SEX | X | 4 RACE | | 5 DATE C | | 6 AGE (IN YEARS LAST BE | | IF UNDER I YEAR | |
| | | FEMALE | CAUCASIA | N | OCT | OBER 3 1987 | | YRS | 20 |) HOURS MIN |
| 4 | | IRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHA | T COUNTRY? | 8 | D NEVER MARRIED X | 9 BALTIMORE CITY | R COUNTY | OF DEATH | |
| 1 | | ARYLAND | UNITED ST | ATES | WIDOWE | D DIVORCED | MONTO | OMERY | | M[|
| 1 | | BETHESDA | (IF NOT IN SUCH FACI | NAVAL | HOSPI | OR OTHER INSTITUTION TAL | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST N/A | | INDUSTRY | OF BUSINESS OR |
| _ | 130 S MAI | | | ESIDENCE BEFORE CITY OR TOWI FT. ME. | N | YES NO | 13e STREET ADDRESS 8011-D LE | | ROAD 2 | 20755 |
| 7 | IA FA | ATHER'S NAME FIRST | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NA/ | ME | | | 151 |
| 6 | 1 | | PH FLOOD | | | | IKO YONAMIN | | | |
|) | | WAS DECEASED EVER IN U.S. A | | SOCIAL SECU | RITYNO | 17 INFORMANT | ADDR | ESS | | |
| - | - | NO NO | IVE WAR OR DATES) | N/A | | JOHN J. FLOO | D,8011-D LE | SLIE F | ROAD, I | T.MEADE |
| | | 18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS | only one couse per line for BY ATE CAUSE (a) R | orio, by one | ORY A | MD ARREST | 20755 | | BETWEEN | XIMATE INTERVAL NONSET AND DEATH |
| | NOI | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTR | IBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVI | EN IN PART T | () |
| | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION | FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? YESXX NO | IN CERTIF | , WERE FIND YING CAUSE XXX | INGS USED S OF DEATH? |
| | | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIFEITHER NOTIFY MEDICAL EXAMIN | EATH HOUR A.M. | | Y YEAR | 21¢ HOW INJURY OCCURR | RED (ENTERNATURE OF INSE | RY IN ITEM 8 PA | ARI DRPARI. | |
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| П | | 224 PHYSICIAN'S NAME (TYPE | OR PRINT) | 00 | | 22e ADDRESS NAVAL | HOSPITAL | | / | 1 |
| | | L.M.CLAPPER, | LT, MC, US | SN | | ВЕТНЕ | SDA, MD 208 | 14-50 | 11 | |
| | В | BURIAL, CREMATION, REMOVA | Oct. 28, | 1987 N | it. 01 | EMETERY OR CREMATORY ivet Cemetery | 23d LOCATION | | | sconsin |
| | 24 FL | UNERAL DIRECTOR IVES | -Pearson Furlington, N | ADDRES | | 250 DATI | E REC'D. BY REGISTRAR | | RAR'S SIGNA | |

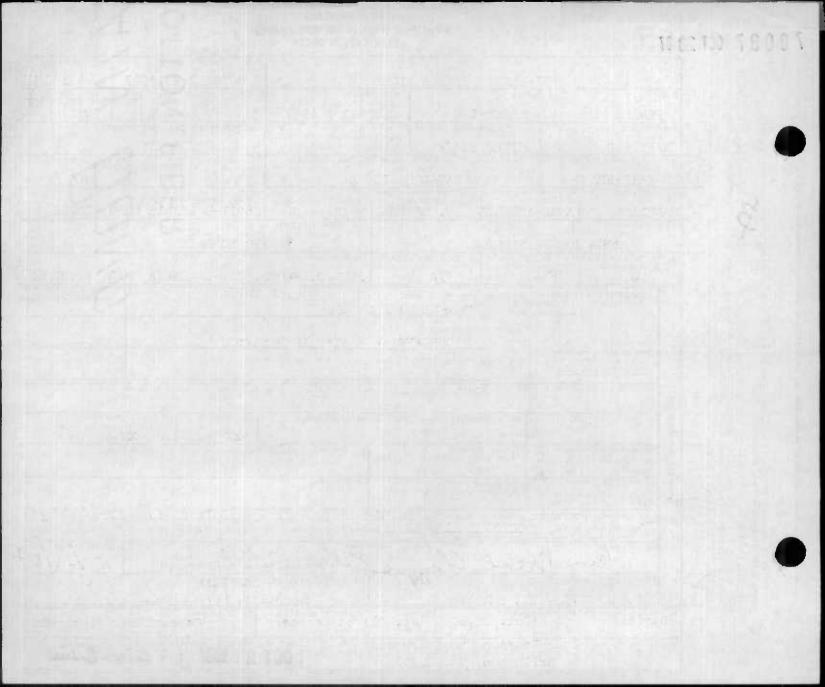
DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDIN

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other traumatic event, the



²⁴ FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc.

1331 Rockville Pike, Rockville, Md. 20852

- STATE

DHMH 16 60M 7/B4

(VRA 15. 4)

REGISTRAR

7h HOUR 900

17h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24 hrs

221 DATE SIGNED

Carpenter

Vaughn

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250 DATE REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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| 000000 | | CEASED NAME FIRST | | MIDDLE | ŁA | S1 | 20. DATE OF DEATH | | DAY Y | EAR 2 | 26 HOUR |
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| OR A OREC DIREC Oched Dept | | 22b. SIGNATURE | | | C | EGREE | | | 220 | DATE SI | IGNED |
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| | IS DECESSARY PLEASE E FUNERAL DIRECTOR. E F S FOR YOUR FILES. D. WITHIN 72 HOURS | 3 SI | X 4 RACE Caucasia | 5 DATE OF BIRTH | 6. AGE (IN YE. | | RTYR. IF UNDER 24 H | | NCED | DNIH DAY | YEAR 24 MOUF |
| | L DIR | 1 | are | July 11 | 1919 68 VI | | NAME OF THE PARTY | DEAD | 10 | 7-25-196 | |
| 4 | NECESSARY FUNERAL DIS 5 FOR YOU WITHIN 72 | | SIRTHPLACE (STATE OR OREIGN COUNTRY) | USA | IAT COUNTRY? | | NEVER MARRIED | M | intan | OUNTY OF DEAT | н |
| | E S F E S F WEED, W | 1 | New York | | PITAL NURSING HOME | WIDOWED | | USUAL OCCU | PATION (TYPE OF | WORK 12h KIND C | OF BUSINESS |
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| | ALTIM SIVE PA SIVE PA TH FOR PAGES I | /_ | | /A | 130-07-1. | 505 F | Helen Fried | kin | same add | dress as | #13 |
| | W. PRESTON ST., WITHIN 24 HOUR FENCIL IN 1TEM 18. TRANSIT PERMIT. ENTAL HYGIENE, D OR REMOVAL. | | 18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (a) stoting the under lying couse last | DUE TO, OR (b) | AS A CONSEQUENCE O | | leng S | isea | 20_ | BFIWEEN | XMATE INTERVAL ONSET AND DEATH |
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| | INER: THE FORWA FOR FOR TOR: PAC THE STAT | | 22a I certify that I toak chor | | | Autopsy | Inspection U | Inquiry | | my opinion | |
| 4 | TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 | | ACTUAL PLANESIGNATURE | 000 | NO.000 | | TITLE ISPECIATION | MEDICAL EXAM | | DATE SIGNED () - | 25-87 |
| | AEDICA UTE THE E 4 SHI UNERA TROEAT | 7 | EXAMINER'S NAME 1 | IARD I | UMFIT | nal. | 1000 | OA AMA | - Kan | , RO | allege |
| | | 73a | (TYPE OR PRINT) | 23b DATE Oct. 27,1 | 1987 King D | | REMATORY emorial Par | LOCATION RITY OR TOWN | ills Chu | rchy Vir | ginda |
| | DHMH 17 | | FUNERAL DIRECTORVES-PE | arson Fune s Church | | | 250. DATE REC'D | D. BY REGISTRA | | AR'S SIGNATURE | |
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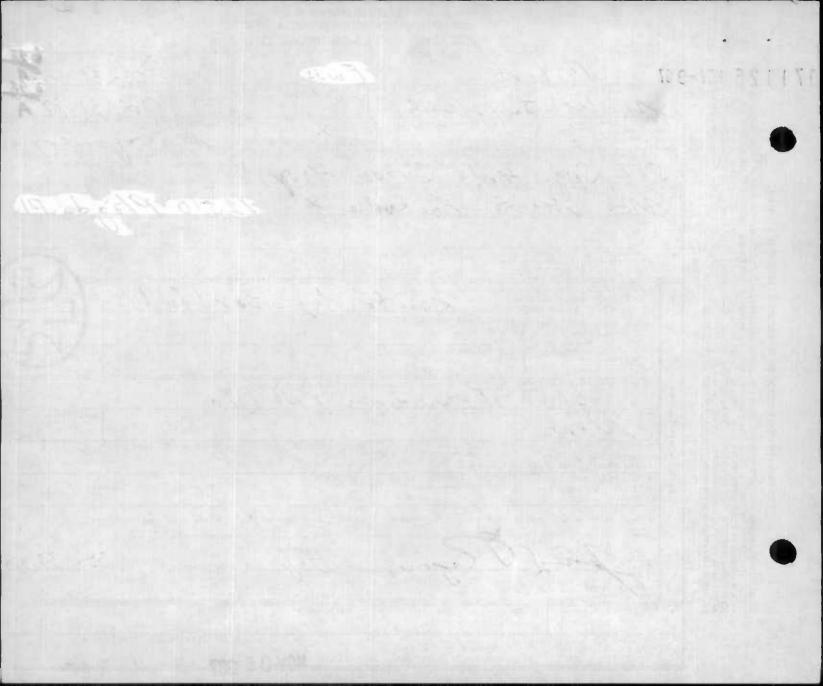
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STATE OF MARYLAND

| 670569 NOV. | FOR | DEPAR | STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY | GTÊNE | 3 9 |
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| 010302 WW. | 3 STATE REGISTRAR | | CERTIFICATE OF DEATH | REG NO. | |
| poge 3 | DECEASED NAME FIRST | \mathbf{B}_ullet | FULTON | 20 DATE OF DEATH MONIT | PY YEAR 26 HOUR 2.10 am |
| ge 4 mar scror po | Female | 4 RACE White | Sept. 20, 1896 | 6 AGE (IN YEARS LAST BIRTHDAY) 91 YRS | NDER YEAR IF UNDER LINE WORLD LATE HOURS MIN |
| ooth Page of P | 7a BIRTHPLACE I MATE OF FOREIGN COLINERY) Massachusetts | 76 CITIZEN OF WHAT COUNTRY USA | | 9 BALTIMORE CITY OR COUNT | |
| s after de by the formal filed within | SILVER SPRING | UNIVERSITY AVE | ING HOME OR OTHER INSTITUTION ET ADDRESS) NUE NURSING HOME | 12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING & Retired . | 126 KIND OF BUSINESS OR INDUSTRY Cook |
| LAND 21: | | or other institution give residence been unity or to the negotial transfer of the negotial trans | n 13d INSIDE CITY LIMITS? | 13335 Foxhall | Drive 20906 |
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| 201 W. PRESTON ST., BL es that the death certificat red by the attending phys please remove carbon pop urial, cremation, or remove | Conditions, if ony, which gove rise to immediate cause id, stating the underlying cause lost | DUI TO, OR AS A CONSECUTED. DUE TO, OR AS A CONSECUTED. | UENCE OF | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
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| Ħ. | MD. | 7. IF | 14 FA | THER'S NAME | MIDDLE | LAST | 15 MOTHER'S MAIDEN | | LAST |
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| | BALTIMORE, MD. | AFTER IN FOR AGES 1 | | | 45-1947 | 577-20-9096 | WINIFRED A | FUSS/WIFE/SA | ME AS 13 |
| | | HOURS AFTER DEATH. IF ANY DELAY M.18. GIVE PAGES 1, 2, AND 31 OT IT NG WITH FORM PM. 3. RETAIN PA RMIT. PAGES 1 AND 2 SHOULD BE FINE, DIVISION OF VITAL RECORDS, 7 NL. | | 18 CAUSE OF DEATH (En | ter anly one cause per li | ne far (a), (b), and (c) | 1 | 1 1 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEA H |
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| | DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., | AATI WATI | | PART 2 OTHER SIGNIFICANT COND | ITIONS CONTRIBUTING TO DEAT | H BUT NOT RELATED TO THE TERMINAL | DISEASE OR CONDITION GIVEN IN PART | 1 a | |
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| | N S | 3 S.F.D. | AEDI | 21d INJURY OCCURRED | 2 Te PLACE | CORY FARM, ETC.) | If LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| | ٥ | WRI WRI AAGE ATE | < | WHILE DOT WHILE AT WORK | E | | | | |
| | | TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, PEGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. D BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. | | | | escribed abave, held an | Autapsy . Inspection | Inquiry and | In my apinian |
| | | AND THE PLANT | | death resulted fram | Natural causes | adent . Suicide | Hamicide | Undetermined manner | |
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| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | ALE CHECK | | ACTUAL ENGNATORE | 1 | (Regions | M.D. 172-61 | MEDICAL EXAMINER | DATE SIGNED -3//25 |
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| | | SECULIA INTERNATIONAL INTERNAT | | TYRE OR PRINT | JOHN S. R | UGERS | ADDRESSSEMI | NARY ROAD SILV | ER SPRING, MD |
| | | 5 3 4 5 4 8 | 230 BU | URIAL, CREMATION, REMOV | AL 236 DATE | 23¢ NAME OF CEMET | ERY OR CREMATORY | 236 LOCATION CITY OR TOWN | COUNTY STATE |
| | 07 84 | BP | | BURIAL | | 87 GATE OF HI | | | MONTGOMERY MD |
| | 25M | DHMH 17 | 24 FL | NAME FRA | NCIS J. COL | LINS, JR. | 250 DATE RE | C'D BY REGISTRAR 256 REGIS | TRARSSIGNATURE |
| | | (VR A15 ME (5)) | 50 | 0 UNIVERSITY | BLVD W SIL | VER SPRING, MI | 20901 NOV O | 6 1007 | 12 10 4.00 |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

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| | REGISTRAR CERTIFICATE OF DEATH | | | | | | | | | | | | |
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| | | CEASED NAME OR PRINT) | FIRST Mart | | | | AŚT | October 05 | MONTH DA | 26 HOUR 9: 50PM | | | |
| | 3 SE) | Male | 1 | RACE White | | 5. DATE C | | 6 AGE TIN YEARS LAST BIR | THDAY | FUNDER YEAR | IF UNDER , 4 HRS | | |
| 5 | Í | RTHPLACE (MATEORFOF COUNTRY) Pennsylvania ITY OR TOWN OF DEAT | a | U.S.A | | WIDOWE | NEVER MARRIED DIVORCED ROTHER INSTITUTION | 9 BALTIMORE CITY C | у | | | | |
| | Ta | akoma Park | | Washin | igton Adt | Antis | t Hospital | Type of work for most of working life) Industry US Gov't | | | | | |
| 1 | 13a. S M a | aryland | 36 COUN | TY | 13c CITY OR TOV Silver | WN . | | 9039 Sligo | ZIP CODE Crk. | Pkwy., | 20910 | | |
| 1 | 14_FA | Martin | Ĝ | anoczy | LAST | | Ann | Hart | | LAS | | | |
| 1 | | VAS DECEASED EVER IN YES NO OR UNKNOWN) YES | | VAR OR DATES) | | | Marta Ganoc | Ganoczy. Wife. Same as | | | | | |
| | | IB CAUSE OF DEATH PART I. DEATH WA | SCAUSED | CAUSE (a) | Cardiop | ılmona | ry Arrest | | | | inutes | | |
| | | Conditions, if any, which gave rise to immediate couse iol. stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | 60 M | inutes | | |
| | NOI | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a | | | | | | | | | | | |
| 2 | CERTIFICATION | 190 DATE OF OPERATION | | 196 CONDITION FOR WHICH OPERA | | | N WAS PERFORMED | 200 AUTOPSY? | | WERE FINDIN | | | |
| 1 | | 210 ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER NOTIFY MEDICA) | USE OF DEAT | HOUR A. | M. MONTH | DAY YEAR | 21¢ HOW INJURY OCCUR | RED (ENTER NA URE OF INJU | RY IN ITEM 18 PAR | ORPART. | | | |
| | MEDICAL | 21d INJURY OCCURRE | | | EET, FACTORY OFFICE | | 21f LOCATION STREET | CITY OR TO | WN | OUNTY | TATE | | |
| | | attended the deceased from \$30pm 10/05 19 87 to 9:50 pm 10/05 987 that it is to be the deceased from \$10pm 10/05 19 87 to 9:50 pm 10/05 987 that it is to be the deceased from \$10pm 10/05 19 87 to 9:50 pm 10/05 987 that it is 10 pm 10/05 987 that it is 10/05 987 that is 10/05 987 that it is 10/05 987 that it is 10/05 987 that is 10/05 987 that is 10/05 987 that is 10/05 987 that is 10/05 987 | | | | | | | | | | | |
| | | 77k SIGNATURE | Von | , | ND | DEGREE ATTENDING PHYSICIAN [| MEDICAL STA | MEDICAL STAFF DIRECTOR PHYSICIAN OCT | | | | | |
| / | | 22d PHYSICIAN'S NAM | | | D. | | 22e ADDRESS Emer. Dept., | | | tist H | ospital | | |
| | | BURIAL, CREMATION, RE | MOVAL | 236 DATE | 236 | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | LOUNTA | STATE | | |

DHMH - 16 60M 7 /84

TO FUNERAL DIRECTOR.

Cremation 10-07-87 Chambers Crematory

FUNERAL DIRECTOR 8655 Georgia Avenue

W. W. CHAMBERS CORP., Silver Spring, MD 20910 24 FUNERAL DIRECTOR

Ory Riverdale, PG Co., Maryland

136 DATE REC D BY REGISTRA 739, REGISTRA'S SICREMAN

OCT 15 1887.

(VRA 15, 4)

IMPORTANT: If them 21 is marked of

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apletely filled in by the funeral director page 3

FOR 1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH

| | 1- | - STATE - STATE - REGISTRAR - STATE - REGISTRAR - REGISTRAR - REGISTRAR - REGISTRAR - REGISTRAR | | | | | | | | | | | |
|---|----------------------|--|------------|---|-------------------------------|-----------|------------------------|-----------|--------------------------|------------------|-----------------------|-----------------------------------|--|
| 1 | | EASED NAME | FIRST | N | IDDLE | L | AST . | | 20 DATE OF DEATH | MONTH D | AY YEAR | 2b HOUR | |
| 1 | (TYPE | Jan | nes | E. G | | | Ler - | | 0 | 29 1987 | 2205 M | | |
| 1 | 3 SEX | | | RACE | | 5 DATE C | | 1 | 6 AGE (IN YEARS LAST BIR | THDAY | IF INDER FAR | HOUR' MIN | |
| | | Male | | White | الوسيا | July | 28,1929 | | 58 | YRS | UNIAS WATE | NOOK MIN | |
| | 7a BIR | OUNTRY | REIGN I | to CITIZEN OF V | VHAT COUNTRY? | MARRIEI | NEVER MARR | IED 🗆 | 9 BALTIMORE CITY O | R COUNTY | OF DEATH | | |
| À | | Maryland | | U.S.I | | WIDOWE | DI DIVORCED MONTEUME | | | | | | |
| 9 | 10 CII | TY OR TOWN OF DEAT | Н | | OSPITAL, NURSIN | | R OTHER INSTITUTI | | 120 USUAL OCCUPATI | F WORKING LIFE | 12b KIND O | Sub- | |
| 4 | | Rockville | | SHADY GI | POUF ADU | ENTIST | 140SPITAL | | Retired Ca | rpent | ercont | ractor | |
| | 13a S | TATE | 3b COUN | TY | GIVE RESIDENCE BEFORE | N | 13d INSIDE CITY LI | MITS? | 13. STREET ADDRESS A | ZIP CODE | 20877 | #606 | |
| 4 | | aryland | Mont | gomery | Gaithe | rsour | | | | ig oam | es way | #600 | |
| 3 | 14 FA | THER'S NAME | ٨ | AIDDLE | LAST | | 15 MOTHER'S MAT | | WIDDLE | | Randa | 11 | |
| | | Elbert | | R. | Gardne | r | Lotti | | М. | | | | |
| 1 | | AS DECEASED EVER IN | US ARA | MED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Silver Spring, Md. Swaror Dates 218-24-6644 Shirley M. Bruce(sister)12324 | | | | | | | d. 209 | 06 | |
| | | Yes | Kc | rea (| 218-24- | 6644 | Shirley | M.Br | uce(sister | 11232 | | | |
| 1 | | 18 CAUSE OF DEATH (Enter only one cause per line for or, 1b., and ic | | | | | | | | | APPROXIV BETWEEN C | MATE INTERVAL DINSET AND DEATH | |
| 1 | | PART I DEATH WA | | TE CAUSE (0) Respiratory Failure | | | | | | | 2 | clays | |
| 1 | -1 | DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | / | |
| 1 | | Conditions, if ony, which (b) Metastatic Esyphageal Carcinoma | | | | | | | | | year | | |
| | | gave rise to immediate cause of, stating the DUETO, OR AS A CONSEQUENCE OF | | | | | | | | | | 0 | |
| | | underlying cause last | | | | | | | | | | | |
| | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a | | | | | | | | | | | |
| | O | | | | | | | | | | | | |
| 7 | CERTIFICATION | 190 DATE OF OPERATION | | | | | | | WERE FINDIN | | | | |
| | TIF | | | YES NO YES | | | | | | | | | |
| | CER | 21a ACCIDENT WAS UNDE | | 216 TIME OF | FINJURY M. MONTH D | AY YEAD | 216 HOW INJURY | OCCURR | ED TENTER NATURE OF INJU | RY IN ITEM 18 PA | RT ORPART | | |
| | IA1 | OR CONTRIBUTING CA | | III | | 19 | | | | | | | |
| | MEDICAL | 21d INJURY OCCURRED 21e PLACE O | | | OF INJURY 211 LOCATION STREET | | | · | - (ITY OR TO | OUNTY | COUNTY TATE | | |
| | \$ | WHILE NOT WHILE AT WORK AT WORK | | | | | | | | | | | |
| | | 22a I certify that 11) | | | | Augi | U+ | 87 | to Octon | e429 1 | 997 | that (we lost | |
| | | saw the deceased | d alive on | Duew the body | alter death | 37- ar | d that in (my) our) | abiniau q | leath accurred on the d | ate and hour | and from the | touses stated | |
| | 226 SIGNATUTE DEGREE | | | | | | | | 220 DATE SIGNED | | | | |
| | | MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN | | | | | | | | ff Cian [| 10/30/87 | | |
| | | 171d PHYSULAND NAME (TYPE OR PRINT) | | | | | | | | | ge Suik | 271 | |
| | | JEFF | -REY | M. C | KANE | MID. | | 4801 | ville MD | lane . | 20850 | | |
| | | URIAL, CREMATION, R | EMOVAL | 236 DATE | | NAME OF C | EMETERY OR CREM | | 23d LOCATION | | COUNTS | CTATE | |
| | | Bur | | 11/2/ | | | awn Memor | rial | Park Roc | kvill | e, Mar | yland | |
| | 24 FL | INERAL DIRECTOR T | yson | Wheele | r Funera | 1 Hor | ne, Inc. | 25a DATE | REC D BY REGISTRAR | Sh REGINTE | ARS SIG | المالية المالية | |
| |] | 1331 Rockv | ille | Pike | Rockvill | .e, Mo | 20852 | NOV. | 0 6 198/ 9 | MAIN AND | 1000 | 1 | |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN The Id

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BP.

attending physician

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the

. A. Z. U Dungyiah

Muryland Eduteomery Gaithersberg x 17360 King James Vay 4106

Korea 218-24-6544 Shirley M. Bruce(sister) 12724 Middle Ud

11/2/07 Farklawn Mesorial Bark Rockville, Maryland

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STATE OF MARYLAND

| 070416 NOV- | 218 | FOR STATE REGISTRAR | | | DEF | ARTMENT OF CERTI | FICATE OF DEATH | | G. NO | 4 | 1 | |
|--|---------------------------------------|---|---|--------------------------------------|---|-------------------------------|--|------------------------|--|-------------------------------------|--|--|
| 4 moy be to poge 3 ofter death | I DE | CEASED NAME | othy | rothy A RACE Whit | MIDDLE G e | G. Ga S DATE MONI // | Garrahan rahan OF BIRTH H DAY YEAR 4 15 | 20 DATE OF DEAT | 24- | S T YEAR THE UNDER YEAR MONTHS DATE | 2b HOUR 3p 1500m It INDER 34 HB HOURS MIN | |
| 01169 | | RTHPLACE TATE OR F | U.S.A | | • WIDOW | | | Montgome | Montgomery | | OF DEATH MD | |
| 5 8 77/ | 10 CITY OR TOWN OF DEATH Takoma Park | | | Wash., Adventis | | tist Hos | | (TYPE OF WORK FOR MS | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) IND HOmemaker | | | |
| ARYLAND 2120 | 13a : | MD | ISING HOME OR OTHER INSTITUTION BY COUNTY MONT MIDDIE | | N GUE RESIDENCE BEFORE ADMISSION RECTITY OR TOWN Kensington LASI Goldberg | | 13d Inside City Limits? | 9508 | SS / ZIP CODE | r. 22 | 20895 | |
| X 3 6 4 | | George | | | | | Is MOTHER'S MAIDEN N Bertha | MIDO | WE | | Gilray | |
| BALTIMORE, cote be executed to opers. Poges vol. | | VAS DECEASED EVER YES NO OR UNKNOWN) | | MED FORCES? E WAR OR DATES) | | 68-2422 | Thomas Gar | rahan 7782 | Fern O | | | |
| ST., BAL grifficate on paper emovol. | | 18 CAUSE OF DEAT PART I. DEATH W | AS CAUSED | y one cause pe DBY E CAUSE (a) | 100 | () | SANCYONA | Failure | | BETWEEN C | MATE INTERVAL DNSET AND DEATH | |
| 201 W. PRESTON es that the death comed by the attending please remove contural, cremation, or | | Conditions, if ony, gove rise to improve 101, status underlying couse | nediote g the last |) DUE TO, C | A CON | SEQUENCE OF | | Ling | | 6 m | | |
| RECORDS, | CERTIFICATION | 19a DATE OF OPERA | | | | | NOT RELATED TO THE TEL | 200 AUTOPSY? YES NO | 20b IF YES | S, WERE FINDIN | IGS USED | |
| DIVISION OF VITAL NG PHYSICIAN. The offending physicion ther this certhicite h as the buriol-transit p th and mental Hygier th and mental Hygier orked or frem 18 show | EDICAL CER | 210 ACCIDENT WAS UND OR CONTRIBUTING () (IF EITHER NOTIFY MEDIC 21d INJURY OCCURE | AUSE OF DEAT | TH HOUR A | | H DAY YEAR | 21c HOW INJURY OCCU | JRRED (ENTER NATURE OF | INJURY IN ITEM 18 F | ART ORPART. | | |
| DIVISION ING PHY After this os the bu Ith ond M | MED | WHIE NO WH | RK | (AT HOME ST | REET FACTORY C | OFFICE FARM ETC) | STREET | | DRIOWN | (OUNTY | STATE | |
| ATTEND ospitol o ECTOR , ECTOR , of Heo of for use | | 22a I certify that (I) saw the decease obove, (I) (we) (a | ed olive on. | 10124 | +137 | 4.7 | nd that in (my) (our) opinio | | ne date and hou | r and from the | | |
| PITAL OR by the h UERAL DIR Soote Dep | | 22b. SIGNATURE | Ho | N | Unsiz | n i | | MEDICAL DIRECTOR PH | STAFF YSICIAN [| 10 2 | 5)37 | |
| O HOSPITAL TO FUNERAL should be det with the Store | | 278 PHYSICIAN'S NA | O TYPE OF | Munz | e, | MO | 7000 Carr | oll Prens | · tor | no fix | 16/2011 | |
| BP | | BURIAL, CREMATION, (SPECIFY) Buria | 1 | | /28/87 | Parkla | emetery or cremator | Rock | ville, | | STATE | |
| DHMH = 16 60M 7/84 (VRA 15, 4) | 24 F | UNERAL DIRECTOR J | - | | ADE | DC 2001 | | ATE REC'D. BY REGIST | | | | |

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGTENE

| | Ľ. | REGISTRAR | | | | CERTIF | ICATE OF DEATH | RFC | G. NO | | |
|--|---------------|---|------------|---------------------------|-----------------|-------------------------------|----------------------------------|------------------------|----------------|-----------------|-------------------|
| 2 1. 1 | I DE | CEASED NAME | FIRST | | MIDDLE | | AS1 | 20 DATE OF DEAT | | DAY YEAR | R 2h HOUR |
| Ja4 15 g NUV H | U | | DEAN | | Earl | G | AY | | 10 | 26 8 | 7 10:03A M |
| Ter do | 3 SE | X | | 4 RACE | | S. DATE C | OF BIRTH | 6 AGE (IN YEARS LA | ST BIRTHDAY) | MONTHS DA | |
| ge 4 | 0 | MALE | | | Black | 704 | 1 15,1960 60 | 27 | YRS | 5 | |
| 1 42 X C | | RTHPLACE (STATE OR | FOREIGN | 76 CITIZEN OF | WHAT COUN | NTRY? 8. | D NEVER MARRIED | 9 BALTIMORE CIT | Y OR COUN | ITY OF DEATH | 1 |
| 1 TAL | | PEKA KANSA | | U.S | | WIDOWE | DIVORCED | MONTGO | | CO. | MD |
| 10/11/11/ | 10 C | TY OR TOWN OF DE | ATH | | | URSING HOME (STREET ADDRESS) | OR OTHER INSTITUTION | 120 USUAL OCCU | | | ID OF BUSINESS OR |
| Y 11 70 | 1 | BETHESDA | | | | HOSPITAL | | DISABI | ED | | |
| 1 11 21 | USU 13a. | AL RESIDENCE (IF NUR | 136 COUI | ROTHER INSTITUTION NTY | 13c. CITY OR | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRE | SS | | (21701) |
| | | MD | FRED | ERICK. | FREDE | RICK | YES NO | 342 HIGH | VIEM I | ERRACE | , #104 |
| 1 10 /// | H F | ATHER'S NAME FIRST | | MIDDLE | LAS | 1 | 15 MOTHER'S MAIDEN N | IAME MIDD | LE | | LAST |
| 1 11/10 | | LEE | | Calvin | GAY | | VER | A | | | ECRBES |
| 2 2 2 2 | | VAS DECEASED EVER YES NO OR UNKNOWN) | | MED FORCES? | 166 SOCIAL | SECURITY NO | 17 INFORMANT 342- | | | | |
| 1 11 5 | | NO | | | 214 8 | 2 1627 | Anita Nadin | | | | |
| hysici poper ovol | | 18 CAUSE OF DEAT PART I. DEATH V | H Enter or | nly one couse per | line for (o), (| b ond co | Fred | erick, Mary | land | | ROXIMATE INTERVAL |
| g ph conp | | I AKI I DEALT | | TE CAUSE (0) | M02211 | 12 pull | volum em | bolls | | iW | Wedlate |
| ndin cork | | | | DUE TO, O | R AS A CONS | SEQUENCE OF | | | | | |
| dec | | Conditions, if ony | | (b) | | | | | | | |
| by the sse ren | | couse (o), statu | ng the | DUE TO. O | R AS A CONS | SEQUENCE OF | | | | | |
| s the | | | | (c) | | | | | | | |
| signi Then p to bu | Z O | SICK P | 11 | CONDITIONS C | | G TO DEATH BUT | NOT RELATED TO THE TER | RMINAL DISEASE OR (| ONDITION | SIVEN IN PAR | 110 |
| Drior John | CERTIFICATION | 190 DATE OF OPERA | -11 | | | HICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | | YES, WERE FIN | |
| 1 S 9 9 8 7 | Ę | | | | | | | YES X NO | _ 1 | YES | SES OF DEATH? |
| N The | E E | 21a ACCIDENT WAS UN | - | 1 110110 1 | | H DAY YEAR | 21c HOW INJURY OCCU | IRRED (ENTER NATURE OF | INJURY IN ITEM | 18 PART OF PART | 2) |
| tySiCla ding ph is certifi burial-ti Annal-ti | ¥ | OR CONTRIBUTING | | AIR | M. MOITH | 19 | | | | | |
| 1 6 6 7 | MEDICAL | 214 INJURY OCCUR | RED | | OF INJURY | OFFICE FARM ETC 1 | 211 LOCATION | CITY | OR TOWN | COUNTY | STATE |
| atter frer then hond | > | AT WORK NOT W | DRK | | | Δ | 1 00 | 10 | 26 | 07 | |
| NOIR Los teolt | | 220 I certify that /I | (this hosp | ital oftended th | e-deceased f | 200 | . 19 6 | 10001. | LU | 190 | |
| Sp to Sp to CTO CTO of the of the sp to Sp | | sow the deceos | | t) view he body | ofter death. | 19_0 | nd that in (my) (our) opinio | n death occurred on t | ne date and h | | |
| OR one had been been been been been been been bee | | 226 SIGNATURE | 1100 | MMM | 10 | 110 | DEGREE ATTENDING PHYSICIAN | MEDICAL | STAFF | 22c D | ATE SIGNED |
| Al the All T. I | | MATT | MIN | KILLER | | 710 | | DIRECTOR PH | | 10 | 161181 |
| ed by UNER d be d be RTAN | | 224 PHYSICIAN'S N | AME DE | OR PRINT! | | | 22e ADDRESS | Commenter | 10 P | d D | mkille Ma |
| TO HOSP retained TO FUNE should be with the S | | 5. rex | SNLI | 72 NICO | 7 | | 111210019 | O(CNOR 10) | 201 10 | .Or. 10 | actains, w |
| 7 7 7 | | BURIAL, CREMATION | REMOVAL | 23b DATE | | 23c NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | COUNTY | STATE |
| BP | | Burial | | Oct.31 | | | ton National | | | | |
| DHMH 16 50M 1/B1 | | 1.0 MARIE | | EY's Fun | AUD | WE 22 | WUV | Q 1007 | | ISTRAR'S SIG | |
| (VRA 15, 4) | 38 | 31 Georgia | a Aver | nue, N.W. | ;Washi | ngton, D. | C.20011 | 9 3 1307 | | | 1 |

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OCT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE

CERTIFICATE OF DEATH

208 52 00 25 987 Julia Dender Rades

| C7 REGISTRAR | | | REG NO. | |
|---|-------------------------------------|--|---|---------------------------------------|
| DECEASED NAME FIRST | WIDDLE | LAST | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| Don | ald Norman | George | October 19, 1 | 987 3:30m |
| 3.5EX | 4 RACE | 5 DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF LINDER YEAR IF UNDER . 4 |
| Male | White | May 13, 1939 | 48 YRS | WONTH AT HE KS MIN |
| To BIRTHPLACE TATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTR | Y2 8 MARRIED WHEVER MARRIED | 9 BALTIMORE CITY OR COUNTY | OFDEATH |
| Olijo | U.S.A. | WIDOWED DIVORCED | Montgomery C | county MI |
| 10 CITY OR TOWN OF DEATH Silver Spring | LIF NOT IN SUCH FACILITY, GIVE STR | SING HOME OR OTHER INSTITUTION EET ADDRESS) HOSpital | 170 USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LI | 126 KIND OF BUSINESS OR INDUSTRY |
| 136 CC | tgomery Wheat | OWN 13d INSIDE CITY LIMITS? | 13. STREET ADDRESS / ZIP CODE 3812 Delano S | |
| FATHER'S NAME FIRST IVORMAN | John Geor | | WIDDIE | Myers |
| (YES NO OR UNKNOWN) (IF YES | GIVE WAR OR DATEST | 0-2178 3812 Dela | . George (wife | |
| Conditions, if ony, which gove rise to immediate couse to stating the underlying couse last | DUE TO, OR AS A CONTRE | DUENCE CILET THAM | AND DISEASE OF CONDITION OF | (CALINI DADY) |
| | monay hem | O DEATH BUT NOT RELATED TO THE TERM | | |
| THE DATE OF OPUNTON 210 ACCIDENT WAS UNDERLYING | IN CONDITION FOR WHI | CHOPENATION WAS PERFORMED | IN CERTI | S, WERE THE STOR USED STORY OF DEATH? |
| OD CONTRIBUTION CAUSE OF | DEATH HOUR A.M. MONTH | | RED (ENTER NATURE OF INJURY IN ITEM 18 | PART DR PART 21 |
| 21d INJURY OCCURRED | 21e PLACOF INJURY | E FARM ETE I A OSSILLA | eode , | (OUNIY TAIE |
| tow the deceased obser- above, (h (we) ridd [did | ispital) attended the deceased from | and that in (my) (our) opinion | death occurred on the date and how | |
| EDUAT X | Locutes | PHYSICIAN I | MEDICAL STAFF DIRECTOR PHYSICIAN | 10/20/A |
| 22d PHYSICIAN'S NAME IN | roldstein | 9410 00 | O GEO. RGETON | N EN BET |
| 23a BURIAL, CREMATION, REMOV | | Parklawn Mem. Pk. | 23d LOCATION ROCKVIIIe | Maryland Hate |

1331 lockville Pike Rockville, Md.

DHMH 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECTOR

BP.

FOR STATE

NESTO CONTROL · PLANT TOUR THE PROPERTY OF THE STORY OF TH South december and the first to the second s under and the state of the stat med enables of British to their medical Tay that I was in the

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tal director page 3 Co

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cashauld be detached for use as the buriol-transit permit. Then please remove carbompapers. Pages, with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.

DHMH - 16 60M 7 B (VRA 15, 4)

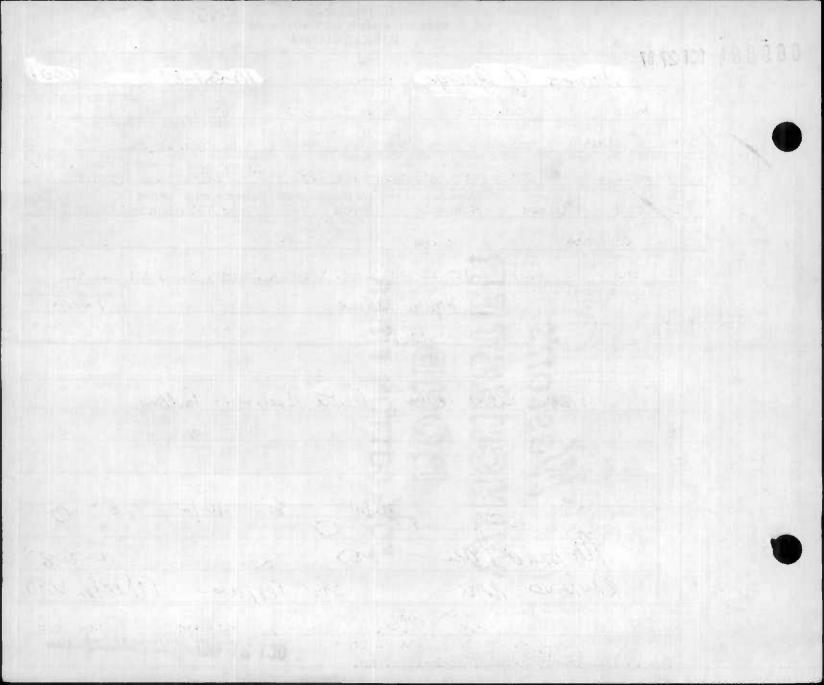
OR ATTENDING PHYSICIAN The low

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | REGISTRAR | | | | CERTIF | ICATE OF DEATH | | REG N | 0 | | |
|---------------|--------------------------------------|---------------|----------------------|--------------------------|-----------|------------------------|---------|--------------------------|----------------|-------------------|-----------------|
| 1207 | EDNAME | FIRST | | MIDDLE | L | AST | | 20 DATE OF DEATH | | DAY YEAR | 26 HOUR |
| TAME | OR PRINT) | James | | C | Coo | 14.00 | | October 2 | 1 10 | 387 | 12:01 M |
| 3 SEX | (| ounes | 4 RACE | G. | 5 DATE C | rge F BIRTH | | 6 AGE (IN YEARS LAST BIR | | IF NDER YEAR | |
| | | | | | MONTH | | | | | MUNIAL DATS | HOURS MIN |
| 7- 00 | Male RTHPLACE INTAGE O | | Cauca | what country? | Octo | per 28,1923 | | 63 9 BALTIMORE CITY C | YRS | V OF DEATH | |
| | OUNTRY) | IR FOREIGN | /6 CITIZEN OF | WHAT COUNTRY? | MARRIE | NEVER MARRIED | | 7 BALLIMORE CITY O | K COUNT | OFDEATH | |
| -6 | nnsylvani | | | States | WIDOWE | | _ | Montgom | | | MD |
| | TY OR TOWN OF D | EATH | (IF NOT IN SU | CH FACILITY, GIVE STREET | ADDRESS) | R OTHER INSTITUTION | 1 | Assistant | F WORKING LI | IFE INDUSTRY | NY City |
| | ockville | DSING MOME OF | | Grove Advi | | t Hospital | | Super | visor | Trans | it Auth. |
| | STATE | 136. COUP | NIY | 130 CITY OR TOW | | 13d INSIDE CITY LIMIT | TS? | 13e STREET ADDRESS | ZIP CODE | € | (K#1919) |
| Nev | w York | Que | ens | Glendale | | YESXX NO [| | 79-43 77th | Road | / 11385 | 17.11.1 |
| W FA | THER'S NAME | | MIDDLE | LAST | | 15 MOTHER'S MAIDEN | NAM | MIDDLE | | LAS | A ST |
| | Clare | nce | W. Dott | George | | Annett | e | mptt | | Coo | |
| 160 V | VAS DECEASED EVE | RINUSAR | MED FORCES? | 166 SOCIAL SECU | RITY NO | 17 INFORMANT | | ADDRI | SS | | |
| { } | YES NO OR UNKNOWN) | | WWII | 188-12- | 2424 | Mrs. Loret | ta | George, Wi | fe, Sa | ame as_ | #13 |
| | 18 CAUSE OF DEA | ATH Enter or | ly one couse pe | r line for (a), (b), and | dic | | | | | BETWEEN | ONSET AND DEATH |
| | PART I DEATH | WAS CAUSE | Ď BY TE CAUSE (0) | Herate | 11. | live | | | | 1 n | 10015 |
| | | MANTEDIA | | | 11 | | | | | | |
| | | | DUE TO, C | R AS A CONSEQUE | NCELOF | | | | | | |
| | Conditions, if or gave rise to in | | (p)_ | >10 | 0 | | | | | | |
| | cause (a) sta | | DUE TO C | R AS A CONSEQUE | NCE OF | | | | | | |
| | underlying cau | se last | ((c) | | | | | | | | |
| | PART 2 OTHER SI | GNIFICANT | CONDITIONS C | ONTRIBUTING TO E | DEATH BUT | NOT RELATED TO THE | TERMI | NAL DISEASE OR CON | DITION GIV | VEN IN PART 1 | 0 |
| NO. | / | homic | Rest | of tacler | V | Acusta le | spi | retory his | In | t | |
| CERTIFICATION | 190 DATE OF OPER | | | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 1 | 200 AUTOPSY? | | S, WERE FINDI | |
| FIC | | | | | | | | YES NOTO | | IFYING CAUSES | S OF DEATH? |
| RT | 210 ACCIDENT WAS L | INDEBIVING F | 7 216 TIME C | DE INTITION | | Tale HOW INTURY OF | CCLIDD | ED (ENTER NATURE OF INJU | | | NO [] |
| | OR CONTRIBUTING | Page 1 | | M MONTH D | AY YEAR | THE HOW INJOK! OC | CCORR | ED (ENIERINATURE OF INJU | HC+ IN-11EW 18 | PART OF PART 21 | |
| CAL | (IF EITHER NOTIFY MI | | | M. | 19 | | | | | | |
| MEDIC | 21d INJURY OCCU | IRRED | | OF INJURY | ADAL ETC. | 211 LOCATION | | CITY OF TO |)WN | COUNTY | 1A1E |
| \$ | WHILE NOT | WHILE | (A) HOME SI | REEL PACIONS OFFICE P | ARM EIC | | | . / | | | |
| | 220.1 certify that | | tal) attended t | he decensed from | 10 | 11 10 | 87 | 10 10 12 | 1 | 19.5 | that I we last |
| | | | | | 7) | d that in (my) our) op | inian d | leath accurred on the d | ate and ha | ur and fram the | |
| | | d)(did no | t view the body | ofter death | | | | | | | |
| | 226 SIGNATUIL | The no | 10 P | 5011 | | DEGREE | NC | MEDICAL STA | cc | 170 DATE | SIGNED |
| | 10 | - XM | 100 4 | an- | | ATTENDIN PHYSICIA | | MEDICAL STA | | 10- | 4-81 |
| | 224 PHYSICIANS | NAME JIYPE | ORPRINT) | | | 22e ADDRESS | | | | ./ / | 0. |
| | RA | 110N | D B | 955 | | 3941 | 1-20 | 1/ava | U | reeyo | 20496 |
| | BURIAL, CREMATION | N, REMOVAL | 236 DATE | October 234 1 | NAME OF C | EMETERY OR CREMATO | ORY | 23d LOCATION | | | |
| (| Burial | | 26, | | | siand onal Cemete | | Pinelaw | n | COUNTY | w York |
| 24 FU | | Rober | | nphrey Fu | | | | REC D. BY REGISTRAR | 256 REGIS | TRARS SIGNA | TURE |
| | NAME | Rocky | ille. Tr | nc. Rockvi | петат | BOILE/ | 20 | 26 1981 | | - こかん | |
| 30 | 00 W. Mont | gomer | v Avenue | Rockvi. | lle. N | 1D. | - | | | | |



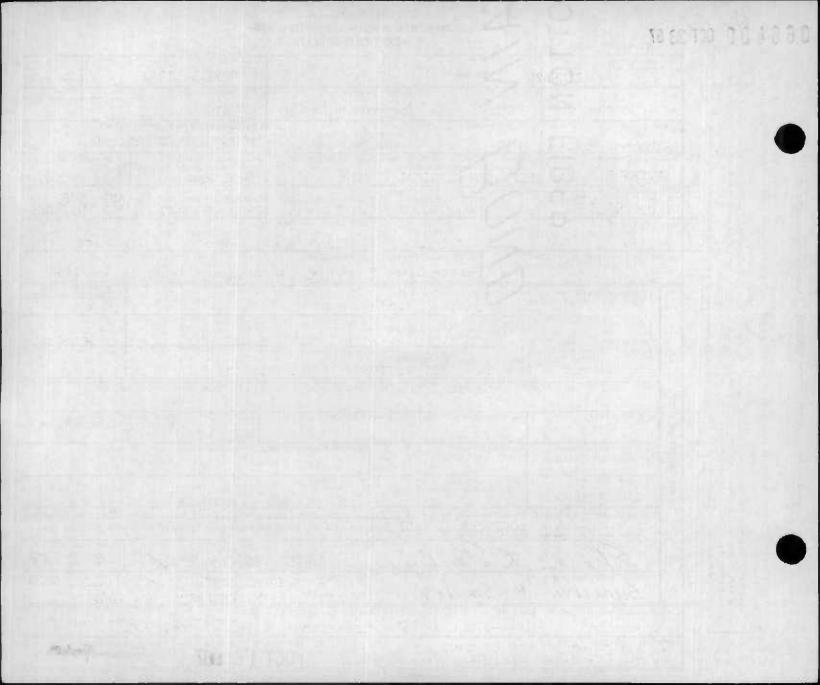
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| | MARYLAND C |
|------------------|-----------------------|
| DEPARTMENT OF HE | TH AND MENTAL HYGIRNE |
| | TE OF DEATH |

| | 1 - | FOR STATE REGISTRAR | DEPARTN | MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | REG. NO. | |
|--|---------------|--|---|---|--|---|
| 00 48460 | T C | BAUD NAME FIRST | MIDDLE | EAST | 20 DATE OF DEATH MONTH DA | Y: YEAR IN HOUR |
| poge 3 | | ORPRINI) Baby B | 54 | Ghodsi | 10 8 | 187 1800 PM |
| 4 то or po offer o | 3 SE | 1210 | White | 5 DATE OF BIRTH MONTH DAY XEAR | | UNDER I YEAR IF INDER 24 HR |
| s o | 7m- R | RTHPLACE CHATEORFOREIGN 7h | CITIZEN OF WHAT COUNTRY? | MONTH BAY SEAR | YRS PALTIMORE CITY OR COUNTY OF | 1 37 |
| 1 16 85 | 10 | Civis - maruh | M USA | MARRIED NEVER MARRIED WIDOWED DIVORCED | Montbond | Ry Co. MD |
| 1 11/18 | 10 C | TY OR TOWN OF DEATH | NAME OF HOSPITAL, NURSIN | G HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | 126 KIND OF BUSINESS OR |
| 24 hours | USU. 13a S | | HER INSTITUTION GIV RESIDENCE BEFORE | N . 13d INSIDE CITY LIMITS? | 136 STREET ADDRESS / ZIP CODE | 0252 # 402 |
| 1 12/1-7 | 14 F.A | THER'S NAME FIRST MIC | DIE LAST | 15 MOTHER'S MAIDEN NA | | 1 1451 |
| 1/0/ | Ţ, | MONAMMACI | N. Ghods | SI Katayan | | reloginaran |
| | | VAS DECEASED EVER IN U.S. ARME (ES, NO OR UNKNOWN) (IF YES, GIVE W NON | AR OR DATES) | | N. Ghodsi(father) sa | ime as 13e |
| The second secon | | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED (| Calain r | | st | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| the death re the ottending remotion, or the ner troumation | | Conditions, if any, which gave rise to immediate couse (a), stating the | DUE TO, OR AS A CONSEQUE (b) EXTUM DUE TO, OR AS A CONSEQUE | il tremating | 7 | |
| by sose | | underlying cause lost | ((c) | | | |
| equires n signed Then ple r to burio injury, o | NO | PART 2 OTHER SIGNIFICANT CO | nditions <u>contributing to d</u> | DEATH BUT NOT RELATED TO THE TERM | IINAL DISEASE OR CONDITION GIVE | N IN PART 110 |
| he low re hos been to permit ene prio | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | | WERE FINDINGS USED ING CAUSES OF DEATH? |
| JCIAN T g physici ertificate rod-tronsi ntol Hyg em: 18 sh | | 21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | 216 TIME OF INJURY HOUR A.M. MONTH DA | Y YEAR | RED (ENTER NATURE OF TRIUTY IN ITEM 18 PAR | ET LORPART?) |
| tending transfer the bur the bur the bur the bur the bur | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE | 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FA | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| DING or at Atter | | 22a certify that (I) (this hospital | ottended the deceased from | CCL 8 18 87 | 10 Oct 8 | 87 that (I) (we) lost |
| Spitol Spitol CTOR I for U of He | | sow the deceased olive an obove, (1) (we) (did) (did not) y | Oct 8 19 | 87, and that in (my) (our) opinion | death occurred on the date and hour | |
| TAL OR A yy the ho RAL DIRE detached tote Dept | | 226 SIGNATURE | Common | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | LO 8 87 |
| O HOSPII TO FUNE should be with the Si | | 22d PHYSICIAN'S NAME (1YPE ORP) | m. Chou | 22e ADDRESS | Crox Hospita | |
| BP | | Burial | 10/14/87 | Gate of Heaven Ceme | 110.35 60 | COOP - COOP |
| DHMH = 16 60M 7/84 (VRA 15, 4) | 24 F1 | INERAL DIRECTOR Tyson V 1331 Rockville Pi | Vheeler Funeral ke, Rockville, Md | Home, Inc. 300AT | Lego 1987 STRAR 236 REGISTR | AR'S SIGNATURE |

STATE OF MARYLAND CERTIFICATE OF DEATH

| 06 | 9480 | OCT: | 3 (| EOR ATATE REGISTRAR | | DEP | ARTMENT OF H | E OF MARYLA EALTH AND M ICATE OF DI | ENTAL HYG | IENE / | 2 9 | 2. 4 | 0 |
|-------------------|---------------------------------|------------------------|--------------------------------|--|----------------------------------|--------------------|--|---|----------------|---------------------------------------|----------------------------|---|--|
| | | | | CEASED NAME FIRST | | MIDDLE | l | AST. | | 20 DATE OF DEATH | | YEAR | 2b HOUR |
| | nay be | 0 | TIMPE | OR PRINT) | HARD AL | BERT | GI | BSON | - | OCTOBER 5, | 1987 | | 3:45 a _M |
| | a od | D | 3. SE | (| 4 RACE | | 5. DATE C | | | 6 AGE IIN YEARS LAST BIR | THDAY) IF II | NEVER HEAR | IF LINUTER 4 HRS |
| | ge 4 | 0 0 | 1 | MALE | WHITI | E | OCTO | BER 5, | 1940 | 47 | YRS | H LIAI | HCOR MIN |
| | Pol dir | 100 | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUN | | D NEVER M | ARRIED X | 9 BALTIMORE CITY O | _ | | |
| | deoth | 10/ | | ltoona, P.A. | USA | | WIDOWE | D DIV | ORCED [| MONTGOMERY | COUNTY | , MD | MD |
| 10 | s ofter o | 20 | | TY OR TOWN OF DEATH ETHESDA | (IF NOT IN SUC | H FACILITY, GIVE S | IRSING HOME C STREET ADDRESS) I I CAL CE | | TUTION | (TYPE OF WORK FOR MOST C Real Esta | F WORKING LIFE) | NDUSTRY | mployed |
| ND 212 | 24 hour | | 13a S | AL RESIDENCE (IF NURSING HO STATE DISTRICTION, C COLUMBIA | ME OR OTHER INSTITUTION OUNTY | GIVE RESIDENCE E | TOWN | 13d INSIDE CIT | Y LIMITS? | 13e STREET ADDRESS A | ZIP CODE . | APT 5 | 505 /// |
| YLA | tely char | nuer / | | THER'S NAME | | | | 15 MOTHER'S | MAIDEN NAM | ΛE | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | - |
| MARYLAND | D de | No. | W | illis | WIDDLE | Gibs | | Tild | a A | Jane | | Wirt | |
| | ecute d cor | 0 7 | 16a V | VAS DECEASED EVER IN U.S | | | SECURITY NO | 17 INFORMAN | | ADDRE | SS | ,,,,,,, | |
| BALTIMORE, | e c c | med | | (IF YE | S GIVE WAR OR DATES) | 166-3 | 2-3399 | MR. EI | WARD L | EE GLOVER | SAME AS | DECE | ASED |
| BALT | SICIO | | | 18 CAUSE OF DEATH Ent | er only one couse per | line for ia , (b | , and ic | | | | | APPROXIM BETWEEN OF | NATE INTERVAL |
| | OF TE | emo | | PART I DEATH WAS CA | AUSED BY DIATE CAUSE (0) | CARDIO | PULMONAI | RY ARRES | ST | | | IMMED | LATE |
|) W. PRESTON ST., | that the dealt | ol, cremation, or | | Conditions, if ony, whice gove rise to immediate cause 100, stating the underlying couse los | h (b)_e DUE TO, O | R AS A CONSI | TABLE GA | | | L BLEEDING | | 36 | HOURS |
| RECORDS, 20 | requires en signed Theory | or to burn | NOI | PART 2 OTHER SIGNIFICA | NT CONDITIONS CO | ontributing | TO DEATH BUT | NOT RELATED | O THE TERMI | nal disease or con | DITION GIVEN I | N PART 1 o | |
| | he low | iene prio | CERTIFICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WE | HICH OPERATIO | N WAS PERFOR | MED | YES NO | 206 IF YES, WIN CERTIFYING | | |
| OF VIT | ICIAN g physic ertificate | entol Hyg | | 210 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF EITHER NOTIFY MEDICAL EXA. | DE DEATH HOUR A. | M. MONTH | DAY YEAR | 21¢ HOW INJ | URY OCCURR | ED (EN EN NATHRE OF INJU | RY IN ITEM 18 PART | OR PART , I | |
| DIVISION OF VITAL | ottending ter this c | wed or II | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE | OF INJURY | FICE FARM ETC) | 21f LOCATION | N | CITY OR TO | wN | OUNTY | TATE |
| ۵ | NO PA | ealth moi | | 22a l certify that 文 (this h | nospital) attended th | e deceased for | omIIII.Y | 21 | 19_86 | OCTOBER | 5 19_ | 87 1 | not X (we) lost |
| | TTEN | 2 H 2 | | sow the deceased aliv | e on OCTO | BER 5 | 19 <u>87</u> or | id that in (mix) | our) opinion d | eoth occurred on the di | ate and hour on | d Irom the co | ouses stated |
| | AL OR A the hos AL DIREC | ate Dept T: If Item | | 226 SICH TURE | a K | Stant | | DEGREE | TENDING | MEDICAL STAI | FF \ | 220 DATES | IGNED 5 87 |
| | d by | TAN TAN | | 224 PHYSICIAN'S NAME | / | , | 1 | 22e ADDRESS | | NAL INSTITU | | HEALTH | 1, 9000 |
| | D HC torne | APORT | | SHARILY | N K. S | TANLE | Y | ROCKVI | | KE, BETHESD | | | |
| | Z e L | 135 | 7 | URIAL, CREMATION, REMO | | | 23c NAME OF C | EMETERY OR CI | REMATORY | 23d LOCATION | cc | DUNTY | STATE |
| 6/6 | (BP | 17 | _ | Cremation | 10-6-8 | | Lee's | Cremato | 4 | Washingto | | | |
| 11 | DHMH - 16 (VRA 1 | | ² J ^f 30 | 0 4th St. N.I | s Sons Co E. Washing | mpany ton, D | .c. 2000 |)2 | OCT | 15 1987 | 256 REGISTRAR | S SIGNATU | RE THE STATE OF TH |



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BP.

DHMH 16 60M 7/B4 (VRA 15, 4)

11/3/87

Hines/Rinaldi 11800 New Hamp. Ave.S.S, Md.

070775 NOV

| | | FOR STATE REGISTRAR | | DEPARTM | LENT OF H | OF MARYLAND EALTH AND MENTAL HYG) ICATE OF DEATH | REG. NO | 9 9 | -4 | 7 |
|---|---------------|--|------------------|---|-----------|--|---|-----------------------------|------------|---|
| | | ASED NAME SHAR | · · · | King | 61 | 1/EY | | O 30 | 87 | 3: 40pm |
| | 1.5EX | Female | 4 RACE White | | 5 DATE C | E. 27,1954 | 6 AGE (IN YEARS LAST BIRT | YRS IF UP | DER I YEAR | HOURS MIN |
| 5 | M | RTHPLACE ISTATE OR FOREIGN OUNTRY LAND | 76 CITIZEN OF WI | | WIDOWE | 100 | Montgome | ry | | MD |
|) | Ga | ithersburg | Sh A c | ACILITY, GIVE STREET A | ZOUE | HOSPITAL | 170 USUAL OCCUPATION OF COMMON TO STORE THE TOTAL MOST OF T | | Bus | Aid |
| | 13a S | | | ve RESIDENCE BEFORE 3. CITY OR TOWN aithers | | 11.3 | 13. STREET ADDRESS (| zıp cope i c e b u ı | g C | ircle |
| 5 | | Vernon | MIDDLE | King | | 01ive | WIDDLE | | rnet | tt |
| 1 | | VAS DECEASED EVER IN U.S. A (ES 1909 UNKNOWN) (1F YES C | RMED FORCES? | 215 62 | 5016 | 11 11 0 11 0 11 11 | Jr. | Same | as | 13E |
| | | 18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS IMMEDI. Conditions, if ony, which gove rise to immediate cause (o) stoting the underlying couse lost. | DUE TO, OR | | NCE OF | 1 FATURE 12 OVANIAN | CARLINO | пд | 18m | MANIE INTERVAL ONSET AND DEATH ONSET AND DEATH |
| | CERTIFICATION | PART 2 OTHER SIGNIFICANT | | | | NOT RELATED TO THE TERM N WAS PERFORMED | 200 AUTOPSY? | 206 IF YES, WIN CERTIFY INC | ERE FINDI | NGS USED |
| 7 | MEDICAL CEI | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK | P M | . MONTH DA | 19 | 216 HOW INJURY OCCURR | ED LENTER NATURE OF INJUI | | COUNTY | TATE |
| | | 270 I certify that Mythis has sow the deceased alive a obove, Mye (did ydid | 1017 | _ C. | | nd that i (m) (our) apinion a | to OCOO | 17 | from the | |
| _ | | 27d PHYSICIAN'S N | OR PRINT) | | | ATTENDING . | MEDICAL STAI | | lo/ | PA |
| | 22 | ROLL B | OC-CIA, | MD | JAME OF C | 14801 PMY | 814 ANS LU | #271 | Nou | mille |

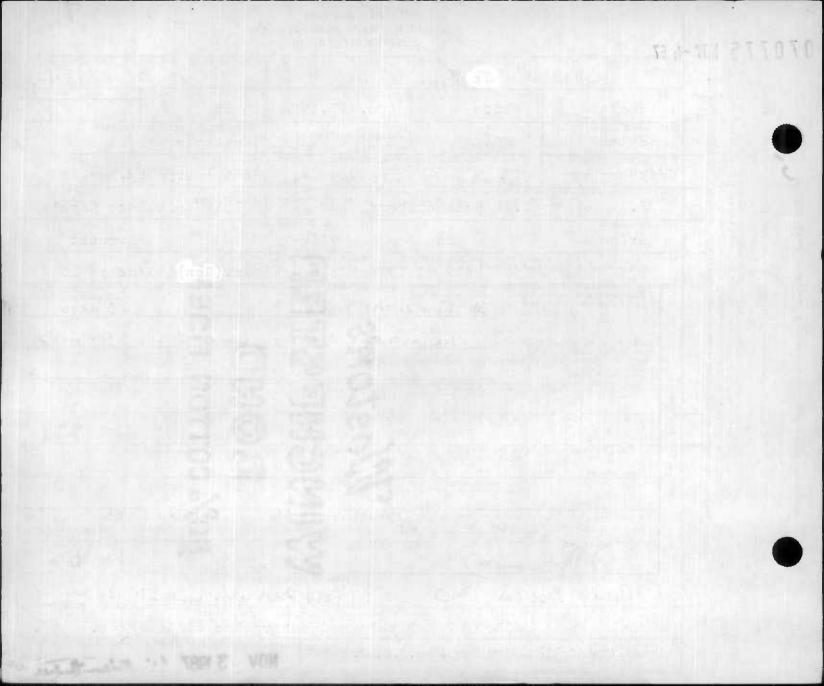
Parklawn Cemetery

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Rockville

Mont.

Mď.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 2 |] - | FOR STATE REGISTRAR | | DEPARTA | | EALTH AND MENTAL HYG | REG N | | | |
|---|---------------|--|----------------------|---------------------------|------------|---------------------------------|---------------------------------|-------------------|-------------------|--------------------|
| J | 1 DEC | CEASED NAME FIRST | | MIDDLE | | AST | | | DAY YEAR | 2b HOUR |
| | TYPE | Gert: | rude | | Gins | bera | | 10/3 | 27/87 | 2:50 AM |
| | 3 SEX | | 4 RACE | | 5. DATE O | OF BIRTH | 6 AGE (IN YEARS LAST BIR | | IF UNDER I YEAR | |
| | F | emale | Caucas. | ian | June | 5, 1903 YEAR | 84 | YRS. | VONTH! (At!) | MOUR! MIN |
| 1 | | RTHPLACE CLEATE OF FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CITY | | OF DEATH | |
| | | ooklyn. N.Y. | u.s. | Α. | WIDOWE | | Monta | omerv | | MD |
| | | TY OR TOWN OF DEATH | 11. NAME OF | | G HOME (| OR OTHER INSTITUTION | 120 USUAL OCCUPAT | ION | | OF BUSINESS OR |
| | | Bethesda | | uburban Ho | | al | Bookkeeper | Ret | · Resi | taurant |
| | May | 2 | OTHER INSTITUTION | | ADMISSION) | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS 4521 East | zip code -West | | 314) ay, #710 |
|) | | THER'S NAME Samuel | MIDDLE | Schanzer | | Regina | WE | | Nebel | SI |
| | 16a V | VAS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDR | | , | . Md.2081 |
| | 1.2 | VO | | 128-26-8 | 863 | Sherwin Gard | ner; Son; 550 | 14 Gol | dsboro | Road; |
| | | 18 CAUSE OF DEATH (Enter or | ly one cause pe | lige for (a), (b), and | dic | | 1 | | APPROX BETWEEN | ONSET AND DEATH |
| | | PART I DEATH WAS CAUSE | D BY TE CAUSE (a) | Cardia | open | in Choc | k | | | 9 hrs |
| | | | DUE TO O | R AS A CONSEQUE | NCE OF | | | | | |
| | | Conditions, if any, which | (b)_ | Coneran | _ 0 | ite dise | and | | /(| one one |
| | | gove rise to immediate cause (a), stating the | DUE TO, O | R AS A CONSEQUE | NCE OF | .) | | | | Ú. |
| | | underlying cause last. | ((c) | | | | | | | |
| | N O | PART 2 OTHER SIGNIFICANT (| CONDITIONS C | ontributing to e | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIV | 'EN IN PART 1 | a |
| 0 | CERTIFICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | | , WERE FINDI | |
| 4 | TIFI | | | | | | YES NO | YE | | NO [|
| 2 | | 21a ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA | 21b. TIME C | DF INJURY .M. MONTH DA | Y YEAR | 21c HOW INJURY OCCURR | ED (ENTER NATURE OF INJU | RY IN HEM IS F | AR' OR PAR' 2 | |
| | CAL | LIF EITHER NOTIFY MEDIC AL EXAMINER | 5117 | M | 19 | | | | | |
| | MEDICAL | 21d INJURY OCCURRED | 21e PLACE | OF INJURY | ARM ETC 1 | 211 LOCATION STREET | CITY OR TO |)WN | COUNTY | 1 A T E |
| | ~ | AT WORK NOT WHILE AT WORK | | | | | 1 | | | |
| | | 22a I certify that (I) (this hospi | / 5 - | | 10/2 | 7 19 81 | | 2 | 19.87 | that it! (we) last |
| | | saw the deceased alive on above, (I) (we) (did) (did no | ti view the body | after death | , 01 | nd that in (my) (our) opinion o | death occurred on the d | ate and hou | and from the | couses stated |
| | | 276 SIGNATURE | () | | | DEGREE | AAEDICA I STA | e.c | 220 DATE | |
| | | Ham | Och | ww | | | MEDICAL STA | | 10/. | 17/37 |
| / | | 224 PHYSICIAN'S NAME TYPE C | PRINT) | | | 22e ADDRESS | 1125 Rock | 1/2 P | · Ko | |
| | | Hasty Juhn | vartz | U | | 4660 K | Rockilla | , MD | | |
| | 23a B | URIAL, CREMATION, REMOVAL | | | | EMETERY OR CREMATORY | 23d LOCATION | | TOUNTY \$ 1 | · Marian |
| | | wial | 10/30/ | | | itefiore Cemet | | | | |
| | /4 FL | INERAL DIRECTOR DANZAN | | ADDRES5 | | | REC D. BY REGISTRAR | 256 REGIST | RAR'S SIGNA | TURE |
| | _1 | 170 Rockville F | ike: Ro | ckville, | Md. 2 | 10852 NOV | 2 1987 / | lie Des | iden-Ran | See See |
| | | | | | | | | | | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | | REGISTRAR | | 42111 | THE OF BEATT | REG N | 0 | |
|-----------|---------------|--|-------------------------|------------------------|--|-----------------------------|---------------------------|---------------------------------------|
| | | CEASED NAME FIRST | WIDOFE | | EAST | 20 DATE OF DEATH | MONTH DAY YEAR | 26 HOUR |
| | 3,,,,, | | EN CAROLYN | GLEUE | | OCTOBER | 13 1987 | 10:00 P |
| | 3 SE | X | 4 RACE | | OF BIRTH | 6 AGE (IN YEARS LAST BIR | THDAY) IF UNDER TYE | |
| 7 | 1 | FEMALE | CAUCASIAN | ^om | AY 26 AY 1908 EAR | 79 | YRS WONTHS DAY | HOURS MIN |
| 1 | | RTHPLACE 'ATE OR FOREIGN | 76 CITIZEN OF WHAT | COUNTRY? 8 | IED NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF DEATH | |
| 1 | | NNSYLVANIA | UNITED STA | | | MONTGOME | RY | MD |
| 1 | 10 CI | TY OR TOWN OF DEATH | | | OR OTHER INSTITUTION | 120 USUAL OCCUPATI | ON 126 KIND | OF BUSINESS OR |
| 1 | - | BETHESDA | NAV | VAL HOSPIT | | SECRETAR | | |
| 1 | 13a S | AL RESIDENCE (IF NURSING HOME OF | NTY 13c CI | TY OR TOWN | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | | |
| 1 | _ | RYLAND ST.M | IARY'S HO | LLYWOOD | YES NO NO NA | ROUTE 1, B | OX 476 2 | 0636 |
| 1 | 1 | FIRST | MIDDLE | LAST | FIRST | WIDOFE | | AST |
| 1 | 77 | HENRY F. | | OCIAL SECURITY NO. | | M. MEISSNER | | |
| 7 | | YES NO OR UNKNOWN) (IF YES, GIV | /E WAR OR DATES) | | | | | |
| Service . | | NO | - 11 | 74-10-7389 | CARROLL L.PA | LMER, 5 KEN | | |
| | | 18 CAUSE OF DEATH Enter or PART I DEATH WAS CAUSE | | a), (b , and c | | | BETWEE | DXIMATE INTERVAL N ONSET AND DEATH |
| | | | TE CAUSE (a) | PNEUMON | IA | | | |
| | | | DUE TO, OR AS A | CONSEQUENCE OF | | | | |
| -1 | | Conditions, if any, which | (b) | CHRONIC | OBSTRUCTIVE F | ULMONARY DI | SEASE | |
| | V. | gave rise to immediate cause rai, stating the | DUE TO OR AS A | CONSEQUENCE OF | | | | |
| | 1 | underlying cause last | (10) | 001102002110207 | | | | |
| - | | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIB | UTING TO DEATH BL | JT NOT RELATED TO THE TERM | AINAL DISEASE OR CON | DITION GIVEN IN PART | l o |
| | NO N | | | | | | | |
| | CAT | 190 DATE OF OPERATION | 196 CONDITION F | OR WHICH OPERATI | on was performed | 20a AUTOPSY? | 206 IF YES, WERE FINE | DINGS USED |
| 4 | CERTIFICATION | | | | | YES NOT | IN CERTIFYING CAUS | NO |
| 1 | GE | 210 ACCIDENT WAS UNDERLYING | 216 TIME OF INJU | | 21c HOW INJURY OCCUR | | RY IN HEM 8 PART OR PAR . | |
| 7 | AL | OR CONTRIBUTING CAUSE OF DEA | 1 | ONTH DAY YEAR | | | | |
| | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJ | URY | 211 LOCATION | | 33.2 | |
| | Σ | AT NORK A WORK | LAT HOME STREET FAC | TORY OFFICE FARM ETC) | STREET | (ITY OF TO | WN | TATE |
| | | 220 I certify that (I) (this hospi | tal) attended the decer | osed from AUGU | ST 27 19 87 | to OCTOBER | I3 10 87 | that it (we last |
| | | saw the deceased alive an | OCTOBER 13 | 3 19 87 | and that in (my) (our) opinion | death occurred on the do | ate and hour and from the | ne causes stated |
| | | above, (I) (we) (did) (did no | the body after d | eath. | DEGREE | | | TE SIGNED |
| | | 11 01 | & | | ATTENDING | MEDICAL STAF | F | 20187 |
| 1 | | 22d PAYSICIAN'S NAME (TYPE C | OR PRINT) | , | PHYSICIAN L | DIRECTOR PHYSIC L HOSPITAL | IAN DE 1 | 0-10/ |
| | | J. A. SWENSC | N. I.T. MC. | IISNR | IVZI V Z | | 01/ 5011 | |
| | 22- D | SURIAL, CREMATION, REMOVAL | | | | ESDA, MD 20 | 014-3011 | |
| | 130 0 | SPECIFY) BURIAL | 10-20-87 | | CEMETERY OR CREMATORY ON CEMETERY | | NORTHAMPTO | ON PATAIE |
| | 24 F1 | JNERAL DIRECTOR | 110-20-01 | DADIC | | E REC D BY REGISTRAR | | |
| | | V. Clarke Mat | tingler I | ADORESS | MD IND | OCT 1 9 1987 | THE REGISTRAR S SIGN. | NIURE |
| | | v. Crarke Mat | .cingley,1 | eonaraty | VII, MD. | 1 9 1981 | The Divise | |
| | _ | | | | | | O Program | No. Park |

completely filled in by the funeral directar page 3

ordes

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending should be detached for use as the buriol-transit permit. Then please remove carbon with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or rel

executed within 24 hours ofter

requires that the death certificate

OR ATTENDING PHYSICIAN The low

O HOSPITAL

BP.

DHMH 16 60M 7 B (VRA 15, 4)

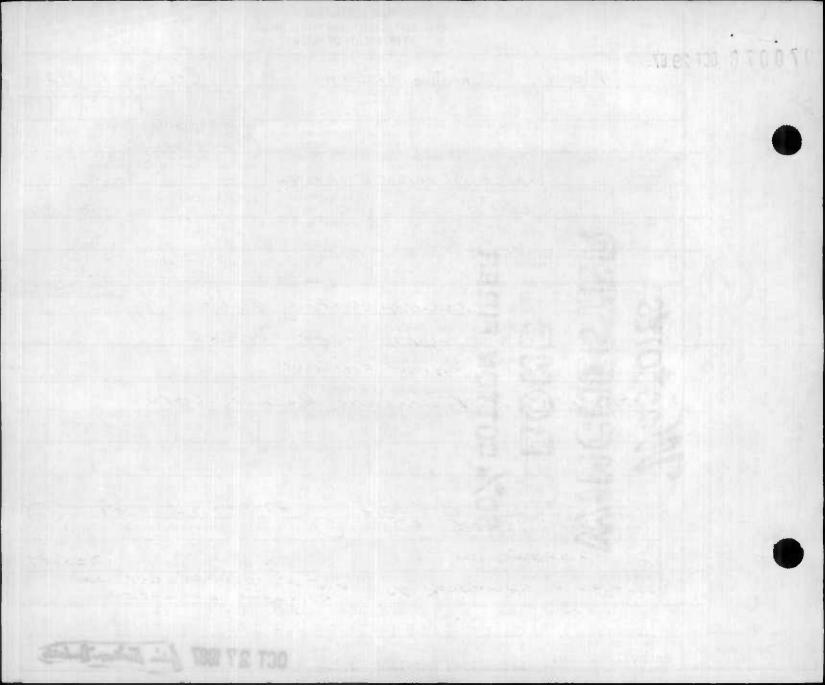
etoined by the hospital or attending physician

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

.3

| | REGISTRAR | | | | | AST | | | | 1 |
|-----------------------|--|--|---|--|--|--|--|---|---|------------------------------|
| ODIE | ASED NAME | FIRST | , | MIDDLE | L | ASI | 20 DATE OF DEATH | MONTH DA | YEAR | 26 HOUR |
| YPE | | ona | | Christine | Go | devin | 6 | let. 24 | + 87 | 182 |
| 3 SEX | | | 4 RACE | CH. Billot | 5 DATE C | - 1. | 6 AGE LIN YEARS LAST BE | | FUNDERLYEAR | IF UNDER Ju |
| | Female | | Cauca | agian | MONTH. | y 21, 1915 | 72 | ME | ONTHE DAYS | HUUR |
| 7a BIR | RTHPLACE I THATE ON F | FOREIGN | | WHAT COUNTRY? | 8 | | 9 BALTIMORE CITY | OR COUNTY O | OF DEATH | |
| C | OUNTRY) | | United | Chataa | | NEVER MARRIED | 200 | _ | | |
| _ | Cennessee | ATH | United | | WIDOWE | D DIVORCED X | 12a USUAL OCCUPAT | mery (| | of BUSINES |
| | | | (IF NOT IN SUC | H FACILITY, GIVE STREET | ADDRESS) | | TYPE OF WORK FOR MOST | | INDUSTRY | |
| | Rockville | | | | | ST HOSPITAL | Sales | | Drug | Store |
| 13a S1 | AL RESIDENCE (IF NURS TATE | 136 COUN | | 136 CITY OR TOW | | 138 INSIDE CITY LIMITS? | 13e STREET ADDRESS | / ZIP CODE | | |
| | aryland | Monte | gomery | Gaithers | burg | YES 🖟 NO 🗌 | 939 Clopp | er Road | d #T- | 3 208 |
| 14. FA | THER'S NAME | | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | ME | | i Al | 5.7 |
| | Charles | | Leon | Walls | | Mae | | | St. Jo | hn |
| | VAS DECEASED EVER | | MED FORCES? | 166 SOCIAL SECU | RITYNO | 17 INFORMANT | 933 ACT | opper 1 | Road | A-3 |
| {YI | NO OR UNKNOWN) | (IF YES GIVE | E WAR OR DATES) | 400-22-0 | 6391 | Rene Bellan | | nersbur | | 20878 |
| | Conditions, if ony, gave rise to imm | mediate | DUE TO, O | R AS A CONSEQUE | ENCE OF | e Hear & | | | | |
| ATION | gave rise to imm cause to statin underlying cause | nediate ng the lost | DUE TO, O (b) DUE TO, OI (c) CONDITIONS CC | R AS A CONSEQUE | ENCE OF | Exilence NOT RELATED TO THE TERM | AINAL DISEASE OR COP | 20b IF YES, | WERE FINDI | NGS USED |
| ERTIFICATION | gove rise to immodule for the course for stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA | nediate ing the lost | DUE TO, OI DUE TO, OI CONDITIONS CO | R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO E ITION FOR WHICH | ENCE OF | NOT RELATED TO THE TERM WAS PERFORMED | AINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO.} \) | 20b IF YES, IN CERTIFY YES | WERE FINDI | NGS USED |
| MEDICAL CERTIFICATION | gave rise to immediate to stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a ACCIDENT WAS UNIT OF CONTRIBUTING 1 (IF EITHER NOTIFY MEDI 21d INJURY OCCUM- AT WORK 1 NOT WAT IN OR | mediate and the lost. Inst. Inst. | DUE TO, OI (b) DUE TO, OI CONDITIONS CO 19b COND 19b COND AND AND 1 PLACE (AT HOME STE | R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO E OF INJURY M MONTH DA M. OF INJURY REEL FACTORY OFFICE F | DEATH BUT OPERATIO AY YEAR | Exilar F Exilar To THE TERM Ein, And | AINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO.} \) | 20b IF YES, IN CERTIFY YES | WERE FINDI | NGS USED S OF DEATH |
| | gove rise to immediate to storing underlying cause PART 2 OTHER SIGN 21a ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d IN JURY OCCUR! WALL WORK 22a I certify that IN Sow the decease above it is well 22b SIGNATURE | TION DERIVING CAUSE OF DEA' CAUSE OF DEA' CAL EXAMINER; RED (this hospit | DUE TO, OI (b) DUE TO, OI (c) ONDITIONS CO 19b COND 19b COND 21b TIME OI HOUR A P. 21e PLACE (AT HOME STE | R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO E OF INJURY M MONTH DA M. OF INJURY REEL FACTORY OFFICE F office death | DEATH BUT OPERATIO AY YEAR 19 PARM ETC.) | NOT RELATED TO THE TERM NOT RELATED TO THE TERM NOT RELATED TO THE TERM PARTIES 216 HOW INJURY OCCUR 216 LOCATION STREET 217 LOCATION DEGREE | AINAL DISEASE OR CON 200 AUTOPSY? YES NO RED (ENTER NATURE OF IN) CITY OR T | 296 IF YES, IN CERTIFY YES OWN | WERE FINDING CAUSES COUNTY and from the | NGS USED S OF DEATH NO |
| MEDICAL | gove rise to immediate to stating underlying cause part 2 OTHER SIGN 218 ACCIDENT WAS UNIT OF CONTRIBUTING 11 THE SITHER NOTIFY MEDICAL WAS UNDER AT WORK 1 | ME CAME CAME OF AME CAME CAME CAME CAME CAME CAME OF DEATHER CAME OF DEATHER CAME OF DEATHER CAME CAME CAME CAME CAME CAME CAME CAME | DUE TO, O (b) DUE TO, OI CONDITIONS CC 19b COND 19b COND 21b TIME O HOUR A P. 21e PLACE (AT HOME STR 11 view the body | R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D ONTRIBUTING TO | DEATH BUT OPERATIO AY YEAR 19 | NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCUR 216 LOCATION STREET 217 LOCATION DEGREE ATTENDING PHYSICIAN 220 ADDRESS. | AINAL DISEASE OR COP 200 AUTOPSY? YES NOW RED (ENTER NATURE OF IN) CITY OR TO MEDICAL STA DIRECTOR PHYSI A DIRECT | 206 IF YES, IN CERTIFY YES OWN | WERE FINDING CAUSES COUNTY GOUNTY And from the | that (we couses state |
| WEDICAL MEDICAL | GOVE TISE TO IMPROVE THE STORY OF COURSE IN THE STORY OF COURSE IN THE STORY OF CONTRIBUTING THE STORY OF CONTRIBUTING THE STORY OF CONTRIBUTING THE STORY OF COURSE IN THE STORY OF CO | ME CAME CAME OF AME CAME CAME CAME CAME CAME CAME OF DEATHER CAME OF DEATHER CAME OF DEATHER CAME CAME CAME CAME CAME CAME CAME CAME | DUE TO, O (b) DUE TO, OI CONDITIONS CC 19b COND 19b COND 21b TIME O HOUR A P. 21e PLACE (AT HOME STR 11 view the body | R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D ONTRIBUTING TO | DEATH BUT OPERATIO AY YEAR 19 CARM ETC.) | NOT RELATED TO THE TERM NOT THE TERM NOT THE TERM NOT THE TERM TO THE TERM NOT THE TERM TO THE TERM NO | AINAL DISEASE OR CON 200 AUTOPSY? YES NO RED CITY OR TO MAEDICAL MAEDICAL DIRECTOR PHYSI ARED COMMENTS | 206 IF YES, IN CERTIFY YES OWN AFF ICIAN AFF | WERE FINDING CAUSES COUNTY and from the 22c DATE | NGS USED S OF DEATH NO [] |



injury, or other traumotic event, the

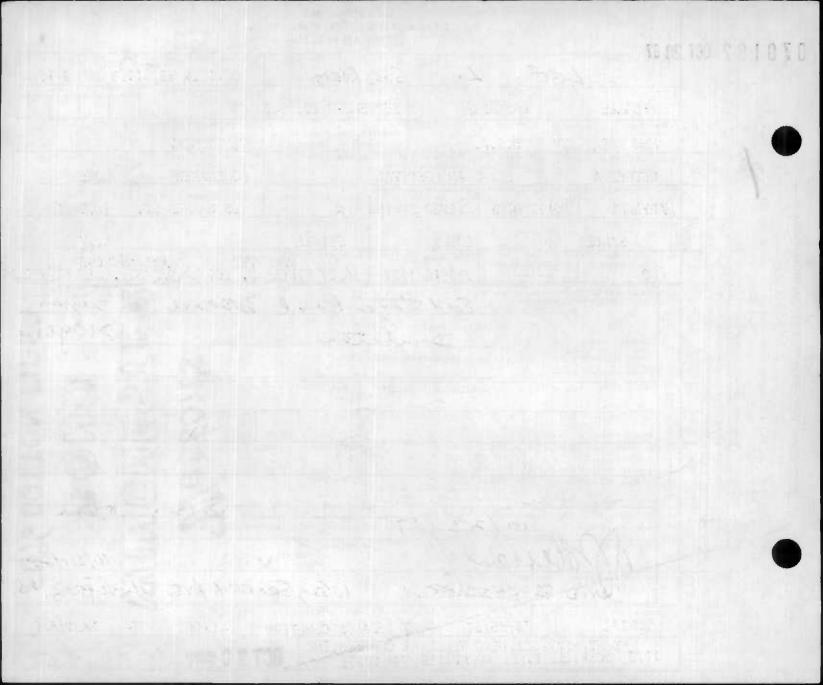
IMPORTANT If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND

| | STATE REGISTRAR | | DEPAR | CERTIF | EALTH AND MENTAL HYGI ICATE OF DEATH | REG. N | | | |
|---------------|--|--------------------------------|--------------------|--|---|-----------------------------------|---------------|-----------------|--------------------|
| TY E | CEASED NAME FIRST | | AIDDLE | U | AST | | MON1H | DAY YEAR | 12b HOUR |
| TYPE | ORPRINT! | 5 | L. | 604 | SARIS | OCTOBER | 23, | 1987 | 8:10pm |
| 3 SE | X | 4 RACE | | 5 DATE O | | 6 AGE (IN YEARS LAST BIR | THDAY | IF UNDER YEAR | IF LINDER 24 HRS |
| | FEMALE | CAUCAS | IAN | SEPT | EMBER 22, 1920 | 67 | YRS | MONIN | HOURS |
| | RTHPLACE ATE OR FOREIGN | 16 CITIZEN OF | WHAT COUNTR | RY? 8 | NEVER MARRIED | 9 BALTIMORE CITY O | R COUNT | Y OF DEATH | |
| | NEW YORK CITY | U.S.A | • | WIDOWE | | MONTGOMER | ZУ | | MD |
| ID C | TY OR TOWN OF DEATH | 11. NAME OF H | HOSPITAL, NUR | | ROTHER INSTITUTION | 120 USUAL OCCUPATI | | | OF BUSINESS OR |
| _ | BETHESDA | SUBU | RBAN HO | SPITAL | | HOMEMAKET | | HOM! | |
| 130 5 | AL RESIDENCE (IF NURSINGHOME OR STATE 136 COUN RYLAND MONT | | SILVER | | | 13e STREET ADDRESS . 200 HANNE | | | 901) |
| 14 FA | THER'S NAME | WIDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | AE MIDDLE | | LA | |
| 1 | SAMUEL | WIDDLE | LOEWY | | SYLVIA | | | LEV | |
| - 1 | | MED FORCES? E WAR OR DATES) | 16b SOCIAL SE | | 17 INFORMANT DAUG | HTER ADDRE | SSIARYL | AND 209 | 01 |
| | NO | | 578-16 | -4338 | JANET WINELA | ND: 200 HAN | INES . | 21.1 | <u>LVER SPRI</u> N |
| | 18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE | ly one couse per | line for (o), (b). | and (c | 0 1 | 40. | | BETWEEN | ONSET AND DEATH |
| | | E CAUSE (0) | End | stare | - Kind | Bisen | <u></u> | 124 | they. |
| | | DUE TO, OI | R AS A CONSEC | DUENCE OF | A | | | >1 | 308 and |
| | Conditions, if ony, which | (dı) | D | whe | tea | | | | The same |
| | gove rise to immediate couse to stating the | DUE TO O | R AS A CONSEC | DUENCE OF | | | | | V |
| | underlying couse lost | (| | | | | | | |
| | PART 2 OTHER SIGNIFICANT O | ONDITIONS CO | ONTRIBUTING T | O DEATH BUT | NOT RELATED TO THE TERMI | INAL DISEASE OR CON | DITION G | IVEN IN PART 1 | 0 |
| NO O | | | | | | | | | |
| CERTIFICATION | 190 DATE OF OPERATION | 196 CONDI | TION FOR WHI | ICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | | ES, WERE FIND | |
| IFIC | | | | | | YES TO NOW | 1 | TIFYING CAUSE: | NO T |
| ER S | 210 ACCIDENT WAS UNDERLYING | | | | 21c HOW INJURY OCCURR | | RY IN ITEM 18 | PART OR PART 2 | |
| | OR CONTRIBUTING CAUSE OF DEA | III | M MONTH | | | | | | |
| MEDICAL | 116 INJURY OCCURRED | 21e PLACE | | 19 | 211 LOCATION | | | | |
| ME | WHIE NOT WHITE | | EET FACTORY OFFIC | CE FARM ETC) | STREET | OT RO YTE | WN | LOUNTY | STATE |
| | AT WORK AT WORK | | 1 11 | | | 200 / 100 | -5 | 67 | |
| | 22a 1 certify that (1) (this haspi | / - | e deceased from | The same of the sa | d that in (my) (our) apinion d | death occurred on the d | ate and h | au and tram the | that we last |
| | observity (service) (did no | t view the body | alter death | | | scam occorred on the di | are one m | | |
| | 22b. SIGNATURE | fren | | | DEGREE ATTENDING PHYSICIAN | MEDICAL STA | FF IAN | 10/ | SIGNED 24/27 |
| | 22d PHY SNAME (TYPE O | | | | 22e ADDRESS | | | | |
| | DEVID F | . Kez | 3(BR | / | 10620 601 | ors of AM | 2. 2. | inerf | RM51 ald. |
| 23a E | BURIAL, CREMATION, REMOVAL | | | 3 NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | COUNTY | TATE |
| | BURIAL | 10/25/ | | MT LEB | ANON CEMETERY | ADELPHI | | PG MA | RYLAND |
| 24 F | UNERAL DIDANZANSKY- 1170 ROCKVILLE | GOLDBERG | G MEMOR | IAL CHA | PELS INC 250 DATE | E REC'D BY REGISTRAR | 25b REGI | STRAR'S SIGNA | TURE |
| | 1170 ROCKVILIE | PIKE: RO | CKVTILL | MD 2 | 0852 | T 2 8 1007 | 1 | 15.5 | NA Pres |

DHMH = 16 60M 7/84 (VRA 15, 4)

BP.



DHMH = 16 60M 7/84

(VRA 15, 4)

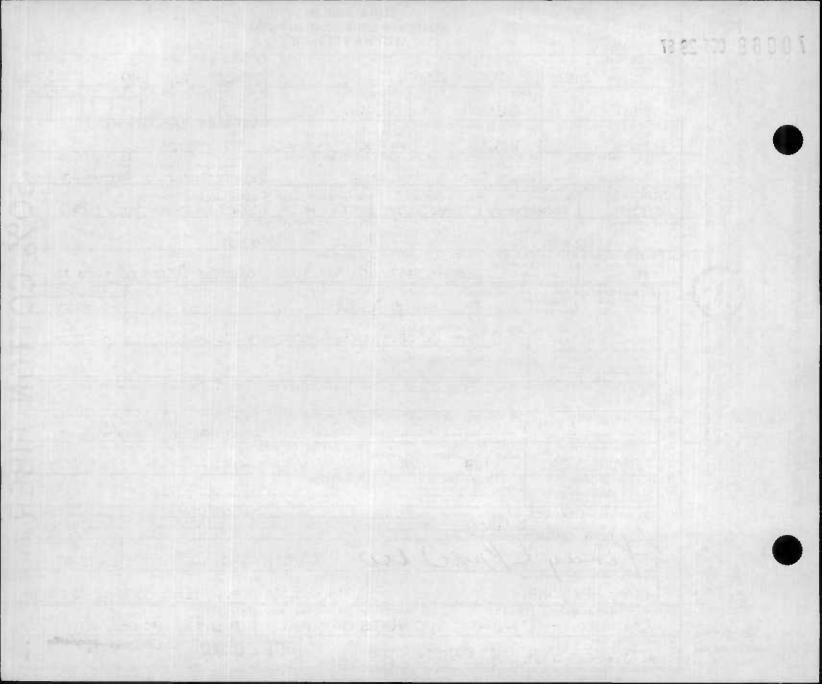
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7006

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

|] _ 5 | OR STATE REGISTRAR | DEPART | | IEALTH AND MENTAL HYG | | | | * | | | |
|----------|--|--|----------------------------------|----------------------------|--|--------------|------------------|------------------|--|--|--|
| 01 | ASED NAME FIRST | MIDDLE | | LAST | REG. N | | DAY YEAR | 2h HOUR | | | |
| (TYPE OR | Jack | M. GORD | ION | | October 18 | 97 | 7:30 AI | | | | |
| 3. SEX | | 4. RACE | 5. DATE C | OF BIRTH | 6 AGE (IN YEARS LAST BIR | 8, 19 | IF SINDER I YEAR | IF UNDER 24 HRS | | | |
| N | Male | White | Oct. | 15, DAY 1896 | 91 | YRS | IONI- 5 UAT. | HODR'S MIN | | | |
| 7a. BIRT | HPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY C | COUNTY | OF DEATH | | | | |
| Ru | ıssia | U.S.A. | WIDOWE | DIVORCED | Montgome | ery | | MD | | | |
| 10 CITY | OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH EACILITY, GIVE STREET | | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | | | F BUSINESS OR | | | |
| | Wheaton | Manor Care Nurs | ing H | ome | Manufactur | er | | Apparel | | | |
| 130 STA | ATE 13b COUN | OTHER INSTITUTION GIVE RESIDENCE BEFOR ITY 13% CITY OR TOV COMERY SILVER S | VN | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS | ZIP CODE | Rd., 20 | 901 | | | |
| 14 FATH | IER'S NAME | WIDDLE LAST | | 15 MOTHER'S MAIDEN NA | WE | | LAS | 7 | | | |
| | Unknown | 1031 | | | nknown | | (AS | | | | |
| | S DECEASED EVER IN U.S. ARA | MED FORCES? 16b SOCIAL SECT | URITY NO | 17 INFORMANT | ADDRI | ESS | | | | | |
| (AF2) | No | 028 03 5 | 147 | Rachel Simon | . Daughter. | Same | as item | n 13 | | | |
| 18 | CAUSE OF DEATH Enter and | | MATE INTERVAL DNSET AND DEATH | | | | | | | | |
| | | ly ane cause per line far (a), (b), ao B BY E CAUSE (a) Respirat | orv A | rrest | 24 Ho | | | | | | |
| P | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a | | | | | | | | | | |
| 띒 | a DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? YES AXX 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES AXX | | | | | | |
| 0 | OR COURTY MAS UNDERLYING CONTRIVE ING CAUSE OF DEA | | AY YEAR | N/A | JPY IN 11EM 8 PART : DRPART 2 | | | | | | |
| 144 | WHILE NA WHILE I | 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE. | FARM ETC) | 211. LOCATION | CITY OR TO | CITY OR TOWN | | | | | |
| 2 | 20 L certify that (1) (XXXXXX | (X) attended the deceased from. | 10/18 | /87 19 | | | | that I XX last | | | |
| | saw the deceased alive an | 10/18/8/ 19_ | , a | nd that in (my) XX apinion | death accurred an the d | ate and havi | and fram the | causes stated | | | |
| 7 | Thuy | | 22¢ DATE SIGNED 10–18–87 | | | | | | | | |
| 1 | IL PHYSICIAN'S NAME OF OR | R PRINT) | | 22e ADDRESS | MEDICAL STA | 1014 | 110 10 | , 0, | | | |
| | Penny Bisk, M. | D. | | 10313 Georgia | a Ave., Silv | er Sp | ring, M | ID 20910 | | | |
| 23a BUF | RIAL, CREMATION, REMOVAL Cremation | | | RS CREMATORY | Riverdale | e, PG (| Co., MD | STATE | | | |
| W. W | ERAL DIRECTOR CHAMBERS COR | 8655 Georgia | Avenu | Je 20910 2500 | Z 6 1987 | 256 REGIST | Add God Compo | nglajika . | | | |



CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH TYPE OR PRINTI ROBERT TYLER GORMAN OCTOBER 13 1987 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) NOVEMBER 30 1913 MALE CAUCASIAN BIRTHPLACE .TE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED IOWA MONTGOMERY WIDOWED O CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Elec. Engineer BETHESDA NAVAL HOSPITAL ISUAL RESIDENCE (IF NURSINGHOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13o. STATE 13e STREET ADDRESS / ZIP CODE 130 CITY OR TOWN COLLEGE PARK MARYLAND PRINCE GEO'S 5207 PADUCAH ROAD 14/FATHER'S NAME 15 MOTHER'S MAIDEN NAME James Gorman Jesse 16b SOCIAL SECURITY NO ADDRESS. 17 INFORMANT YES 1942-1962 577-60-6682 20740 18 CAUSE OF DEATH (Enter only one cause per line for al, (b), and (c) PART I. DEATH WAS CAUSED BY METASTATIC GASTRIC CARCINOMA DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause ia, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? NOX 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE 270 I certify that (1) (this hasbutett extended the deceased fram OCTOBER 5 OCTOBER

MARIE C.GORMAN, 5207 PADUCAH ROAD, COLLEGE PARK APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 87, and that in (my) (our) apinion death accurred on the date and have and from the causes stated 22d PHYSICIAN'S NAME (TYPE OR PRINT) NAVAL HOSPITAL S. CURIALE, LT, MC, USN BETHESDA, MD 20814-5011 230 BURIAL CREMATION REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Burial 10-16-87 Arlington Natil Cem. Arlington, FRANCISIOGASCH'S SONS FUNERAL HOME. P. 4250 DATE REC'D. BY REGISTRAR 256 REGISTRAR S SIGNATURE 4739 Baltimore Ave., Hyattsville, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIPHE

7h HOUR

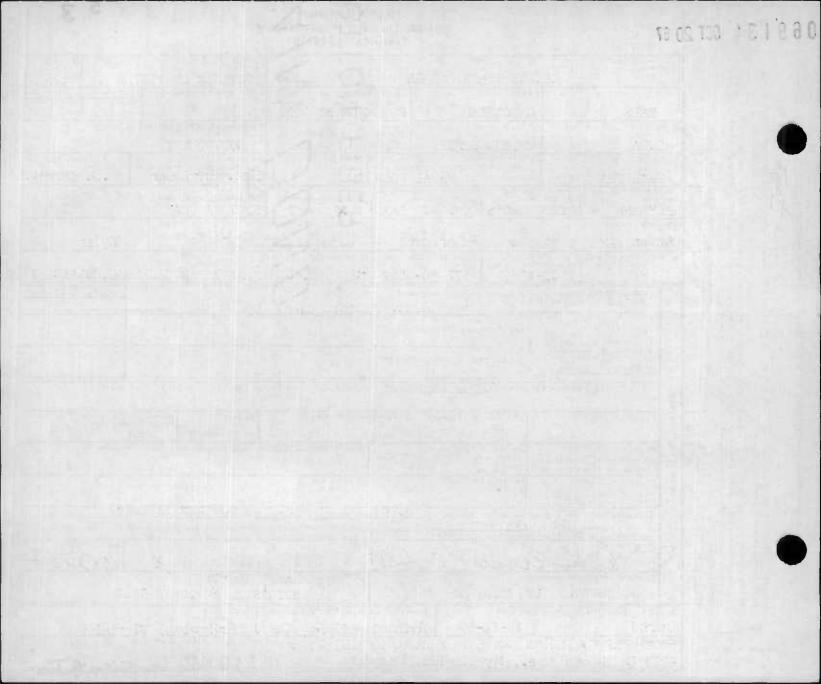
126 KIND OF BUSINESS OR

U.S. Gov't.

Tyler

20740

DHMH = 16 60M 7 84 (VRA 15, 4)



DHMH - 16 60M 7 B4 (VRA 15, 4)

FOR - STATE REGISTRAR

(TYPE OR PRINT)

3 SEX

FIRST

4 RACE

MIDDLE

STATE OF MARYLAND

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

MONTH

DAY

26 HOUR

20 DATE OF DEATH

6 AGE (IN YEARS LAST BIRTHDAY)

| | 11 | vale 1 | White | 01 | 04 38 | T YRS | |
|-----|---------------|---|------------------------------------|------------|---------------------------|---|--|
| | | THPLACE (TATE OF FOREIGN 76 | CITIZEN OF WHAT COUNTRY? | MARRIED | NEVER MARRIED | BALTIMORE CITY OR COUNTY | OF DEATH |
| 1 | PA | anusivania I | United States | WIDOWEL | | modannery | Compter MD |
| | 10 CIT | Y OR TOWN OF DEATH | 1. NAME OF HOSPITAL, NURSING | HOME O | ROTHER INSTITUTION | 120 USUAL OCCUPATION | 126 KIND OF BUSINESS OR |
| 1 | 5 | Vec Sociald | HALL COSS + | DRESS) | +in/ | Partner-Internat | |
| 10 | | L RESIDENCE HINNERSING HOME OR O | | | 11001 | | 1 1 1 1 1 1 1 1 1 1 1 1 |
| | 130 S. | | Washingto | | YES X NO | 136 STREET ADDRESS / ZIP CODE 727-A Delaware A | |
| 9 | 14 FA | THEK S NAME | DDIE LAST | | 15 MOTHER'S MAIDEN NAM | MIDDLE | LAST. |
| 7 | | Thomas - | - Graham | ,Sr. | Marie-Lo | | Baird |
| | | AS DECEASED EVER IN U.S. ARM | ED FORCES? 166 SOCIAL SECUR | ITYNO | 17 INFORMANT | ADDRESS | |
| 5 | | | 1958 210-28-3 | 153 | Wendell V.Gra | ham(Wife) Same a | |
| | | 18 CAUSE OF DEATH Enter only PART I DEATH WAS CAUSED | one cause per line for ralifb, and | - | 0 450 41 | LOOT | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | | IMMEDIATE | (PAR-1717) 11. | EP1 | YEATO MY | MELLEN | 10 mining |
| ú | | | DUE TO, OR AS A CONSEQUEN | | ARTERY | DISTATE | 5 1000 |
| 6 | | Conditions, if any, which gave rise to immediate | (ib) CORE & 1415 | 7 | 71901 | 7/301.0 | - Seas |
| | | cause to stating the underlying cause last | DUE TO GRAS A CONSEQUEN | NCE OF | MELLING | | 2011000 |
| | | | (1) 17146010 | | | | 1 2 years |
| | z | PART 2 OTHER SIGNIFICANT CO | ACIDOSIS | EATH BUT I | - 1 - | INAL DISEASE OR CONDITION GIV | EN IN PART I O |
| | ATIC | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH C | PERATION | - 17 | THE TAIL | , WERE FINDINGS USED |
| 1 | CERTIFICATION | | | | | | YING CAUSES OF DEATH? |
| 0 | ERT | 210 ACCIDENT WAS UNDERLYING | 216 TIME OF INJURY | | 21r HOW INJURY OCCURR | ED (ENTER NAT RE OF INJURY IN ITEM 18 P | |
| 1 | | OR CONTRIBUTING CAUSE OF DEATH | | | | | |
| | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) | P.M. 21e PLACE OF INJURY | 19 | 211 LOCATION | | |
| | ME | WHILE NO' WHILE AT WORK | (AT HOME STREET FACTORY OFFICE FAI | RM ETC } | STREET | CITY OR TOWN | COUNTY STATE |
| | | 220 1 certify that III whis hospita | all attended the deceased from | 10 | 10 87 | 10/18 | 19 87 that Il (verlast |
| | | saw the deceased alive on_ | 10 116 19 | 87 an | d that in (my compinion o | death occurred on the date and have | The the terms of t |
| | | above, (1) November (did not) | view the body after death | | DEGREE | | 221 DAVE SIGNED |
| İ | | (Belt x | Le houlings | 1 | 1 ATTENDING Y | MEDICAL STAFF DIRECTOR PHYSICIAN | 10/19/82 |
| П | | 224 PHYSICIAN'S NAME (TYPE CO.) | faunt, | | 22e ADDRESS | ^ | 0 |
| | | ARLI. SC | HOENBERGER | | 14701 RA | NDOLPH RD | KOCEVILLE |
| | 23a B | URIAL, CREMATION, REMOVAL | | | EMETERY OR CREMATORY | 23d LOCATION | COUNTY CO. TIATE |
| | Cr | emation | Oct.20,1987 Le | e's C | rematory | | rict of Columbia |
| | | NERAL DIRECTOR | ADDREAM | | | REC D. BY REGISTRAR 256 REGIST | RARSSIGNATURE |
| | J.V | m.Lee's Sons Co | .300-4th St., NE, | Wash | .,DC 20002 | | |
| _ ' | | | | | | | |

195310 0 1683 THINK O'M THINK O'M STREET SHOULD IN the second is at all of the the second secon CARL D. SCHOOL SCHOOL FOR PARTIES CO MORE THAT

IMPORTANT If Item 21 is marked or Item 18 shows any

BP.

DHMH 16 60M 7/B4 (VRA 15, 4)

goal director page 3 F7 72 hours after death

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 07 | REGISTRAR | | | | CERTI | ICAIL OI DEATH | REG N | 0 | | |
|---------------|---|---|------------------------|---|-----------|----------------------------------|-----------------------------------|-----------------|------------------|--------------------------|
| | CEASED NAME | FIRST | N | NODLE | į. | AST | 20 DATE OF DEATH | MONTH D | AT YEAR | 26 HOUR |
| TITLE | | oris | | н. | Gı | ray | October : | 17,198 | 7 | 1:45 m |
| 3 SE | X | | RACE | | 5 DATE C | | 6 AGE (IN YEARS LAST BIR | RTHDAYI | FUNDER FAR | HOUR MIN |
| | Female | | White | | | y 30,1926 | 61 | YRS | | MIN MIN |
| 70 BI | RIHPLACE THATE OR FO | DREIGN | b CITIZEN OF V | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CITY | | | |
| | Maryland | | USA | | WIDOWE | DIVORCED | | gomery | 7 | MD |
| 5 | ITY OR TOWN OF DEA | 1106 | (IF NOT IN SUC) | FACILITY ONE STREET | S/10 | PITAL | TYPE OF WORK FOR MOST OS Supervis | OF WORKING LIFE | industry G.C. | Murphy |
| 13a S | Iaryland | 13b COUN | | GIVE RESIDENCE BEFORE 13c CITY OR TOW Wheato | | 134 INSIDE CITY LIMITS? YES X NO | 13e STREET ADDRESS 12025 Blue | | l. Whea | aton 2090: |
| | James | | A. | Hamilto | on Helen | | WIDDIE | echlider | | |
| | vas deceased ever ves noor unknown) No | | WAR OR DATES) | 220-12-2 | | James A. Har Silve | milton, Jr. 99 | | prook | Dr. |
| CERTIFICATION | PART 2 OTHER SIGN | | | | | NOT RELATED TO THE TERM | INAL DISEASE OR CON | 20b IF YES, | WERE FINDI | NGS USED |
| MEDICAL CERTI | 210 ACCIDENT WAS UND OR CONTRIBUTING C (# ETHER NOTIFY MEDIC 21d INJURY OCCURR MILE AT WOR 220 I certify that (1) saw the decease | AUSE OF DEAT AL EXAMINER) ED ILE (this hospit | 21e PLACE (AT HOME STR | M MONTH DA M. DE INJURY EET FACTORY OFFICE F | ARM ETC) | 211 LOCATION STREET | to Odd | own | COUNTY | hate that (1) we) last |
| | sow the deceased alive an | | | | | | | | | |
| 23a (| K- 1/ | in Y | EUN4, h.s | | NAME OF C | 8926 Woodyd | 123d LOCATION | 1 Clin | ton, hi | 20735 |
| | Burial | | 10/22 | /87 Pa | ırklaw | n Memorial Pa | | ville, | Maryla | nd BIAIE |
| | UNERAL DIRECTOR 1331 Rocky | Tys ille P | son Whe | eler Fune kville, Md | ral Ho | ome, Inc. 250 DATE | CT 23 198 | | a Dundo | |

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Logi Chester I Leader Juneral Former 100.

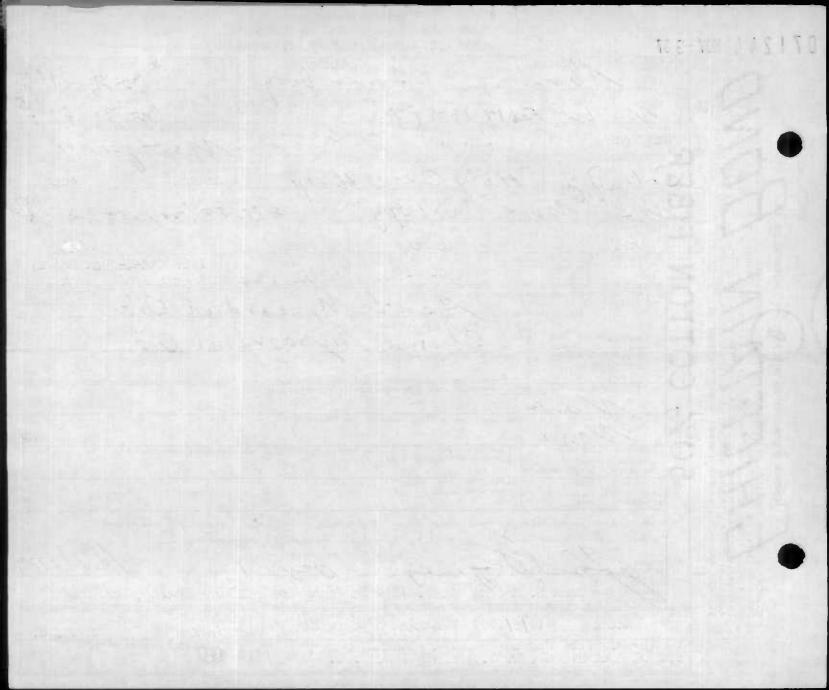
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE REG NO DECEASED NAME Abraham Greenberg TO DATE KNOWN TO MUN H TYPE OR PRINTI DEATH MATED DATE DEAD 9 BALTIMORE CITY OR COUNT MARRIED NEVER MARRIED New York U. S. 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR INDUSTRY Merchant Grocer 30 STATE 15 MOTHER'S MAIDEN NAME Dora Greenbera 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 1027 Cresthaven Drive, 109-09-2953 Albert J. Kliman Silver Spring, Maryland BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate cause (a) stating the under lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO Pt 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF THJURY IN ITEM 18 PART 1 OR PART HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME If LOCATION STREET, FACTORY FARM ETC) COUNTY AT WORK AT WORK TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND, 220 I certify that I took charge of the remains described above, held on Natural causes death resulted from: Accident TITLE (SPECIFY: EXAMINER'S NAME John S. Rogers, M. D. 1919 Seminary Road, Silver Spring, Maryland

DHMH 17

(VR A15 ME (5)

200 MALDIRATOSTEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W. W. WASHINGTON, D. C.

Washington



DHMH 16 60M 7/B4

(VRA 15, 4)

0704

3 11. STATE OF MARYLAND

| 04-2 | EOR BTATE REGISTRAR | | | DEPART | | EALTH AND MENTAL HYG ICATE OF DEATH | | 3 NO | 3 | و | 1 | |
|---------------|---|---------------|--|---|----------------|--|--|----------------------|---|---|----------|----------------|
| | ECEASED NAME | FIRST | - | MIDDLE | l. | AST | 20 DATE OF DEAT | | DAY Y | EAR | b HOU | R |
| (11) | RE: | NA | | G. | GREI | ENBERG | October | 26, 198 | 37 | 1 | 2:3 | Oam |
| 3 SE | EX | 4 | RACE | | 5 DATE C | | 6 AGE IN YEARS LA | | IF UNDER | YEAR | # UNDER | 24 HRS |
| | Female | V | Mhite | | | 1 13, 1916 | 71 | YRS | VON H | DATS | HOURS | MIN. |
| 7a 8 | BIRTHPLACE () ATE OR FO | DREIGN 76 | CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CI | TY OR COUNTY | OF DEA | TH | | |
| | New York | | U.S.A | A . | WIDOWE | | Montgam | ery Cour | nty, | | | MD |
| / 10 C | CITY OR TOWN OF DEAT | гн 11 | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 120 USUAL OCCU | | 12b K E) INDU | IND OF | BUSINE | SSOR |
| R | cckville |] | .0500 F | Rockville | Pike | , #925 | Homem | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ome | |
| 13a | JAL RESIDENCE (IF NURSIN | NG HOME OF OT | | GIVE RESIDENCE BEFORE | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRI | SS / ZIP CODE | | (2 | 0852 | 2) |
| M | aryland | Monto | gamery | Rockvil | | YES X NO | | ockville | | ce, | #925 | 5 |
| 14 F | ATHER'S NAME | MIC | DLE | LAST | | 15 MOTHER'S MAIDEN NAM | ME | DI F | | LAST | | |
| | Aaron | | | Levbaro | 7 | Jennie | | | (Ur | kno | own) |) |
| | WAS DECEASED EVER I | N U.S. ARME | | 166 SOCIAL SECU | IRITY NO. | 17 INFORMANT | Î | otomac, | Md | 2085 | 54 | |
| 1 | 10 | | 213-42-6453 Jane Nyce; Daughter: 7810 Turn | | | | | | | | | Cou |
| | 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY | | | | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | |
| | IMMEDIATE CAUSE 10) Acute Myocardial Intaction | | | | | | | | | n su, | edic | le |
| NO | gove rise to imm couse to storing underlying couse | the lost | (0) | R AS A CONSEQUE | sclero | tic Caedio vana | | , 5 ease | EN IN PA | RI I a | | |
| CERTIFICATION | 190 DATE OF OPERATION 196 C | | | ndition for which operation was performed | | | 780 AUTOPSY? 780 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH! YES NO NO NO | | | | | H ₃ |
| | 210. ACCIDENT WAS UNDE OR CONTRIBUTING CA | AUSE OF DEATH | 216 TIME O HOUR A | M. MONTH D. | AY YEAR | 21c HOW INJURY OCCURE | RED (ENTER NATURE OF | RI MBIT MI YRULMI | ART I OR PA | IRT 21 | | |
| MEDICAL | 21d INJURY OCCURRI | IE 🗍 | 21e PLACE | OF INJURY REET, FACTORY OFFICE F | ARM ETC) | 211 LOCATION | | ORTOWN | OUN | 11Y | 5 | TATE |
| | 22a I certify that (1) (sow the deceased above, (1) (we) (di | d olive on | 10/23 | 19 | 9/2 87 , or | nd that in (my) (our) opinion (| | he dote and hou | 19 <u>87</u> 1 and fro | | at il (v | |
| | Man | do | mado | MO | | DEGREE ATTENDING PHYSICIAN | | STAFF IYSICIAN [] | 22t | DATES | 27. | 198 |
| 11 | 224 PHYSICIAN'S NA | | | | | 22e ADDRESS | | | | | - | |
| | MARVIN | SCHN | EIDER | , M.D. | | 12001 Ferrara | a Avenue: | Wheato | n. N | ary | land | 1 |
| 23a | BURIAL, CREMATION, R | REMOVAL | 23b DATE | 231 1 | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | EDUNIV | | | TATE |
| | Burial | | 10/29 | /87 Ki | ng Da | vid Mem.Garde | n Falls | Church: | Fair | rfax | | |
| 4 24 F | FUNERAL DIRECTORDA | NZANSI | KY-GOLI | DBERG MEM | ORIAL | CHAPELS 250 DAT | E REC D BY REGIST | RAR 251-REGIST | RARSSI | NATL | RE | |
| 11 | .70 Rockvill | e Pike | e; Rock | wille, M | d. 20 | 852 OCT | 30 1987 | Julia Da | יינושטוו | Kand | ALL | |

DOT SO TORY OF THE PARTY

(VRA 15, 4)

STATE OF MARYLAND

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 0695020 | CT 1 | 21 8 | FOR STATE REGISTRAR | | DEPARTA | | HEALTH AND MENTAL HYG | | 6 | | | | |
|--|-------|--------|---|----------------------|---------------------------------|-------------|------------------------------|---------------------------------|-----------------------|---------------|-----------------|--|--|
| | U 1 4 | | CEASED NAME FIRST | | WIDDLE | | LAST . | REG. NO | | AY YEAR | 2b HOUR | | |
| 3 75 | | / TYPI | E OR PRINT) | LPH BEE | ERY GREENE | | | OCTOBER 14 | | | 12:34 M | | |
| 2 85 | - 3 | 1.5€ | | 4 RACE | | 5 DATE | OF BIRTH | 6 AGE (IN YEARS LAST BIR | | F UNDER TYEAR | IF UNDER 24 HRS | | |
| ape & martin | 13 | | IALE | CAUCASIAN | | | JARY °8 19Ĭ [£] 7 7 | 70 | YRS | JN A1 | MIN, | | |
| A # 12/1 | (f) | | LIE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | D X NEVER MARRIED | 9 BALTIMORE CITY O | M | | | | |
| 1 1 1 1 7 | | | TRICT OF COLUME | | TED STATE | SVIDOW | ED DIVORCED | MONTGOME | | | | | |
| 1 21/2 | 25 | }0 ⊂ | ITY OR TOWN OF DEATH | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 120 USUAL OCCUPATI | ON F WORKING (IFE) | 126 KIND OF | F BUSINESS OR | | |
| 102 | -/ | 1 | BETHESDA | | NAVAL H | IOSPI' | | ENGINEER | | Const | ruction | | |
| BALTIMORE, MARYLAND 2120 | 36 | 13a. 5 | NURSING HOME OR 1316 COURT OUTEN | | GIVE RESIDENCE BEFORE | N | | 13e STREET ADDRESS | | 216 | 50 | | |
| LAN I WE THE | 1 | - | ATHER S NAME | MININE | I QUEENSIC | MIA | 15 MOTHER'S MAIDEN NAM | RT 1, BOX | 24000 | 216 | 38 | | |
| IAR I TE | 1/1 | 1 | HAMPTON R | MIDDLE | LAST | | FIRST | MIDDLE | T DODEL | LAST | | | |
| , E | 1 | 16a \ | WAS DECEASED EVER IN U.S. AR | | 16b SOCIAL SECU | RITY NO | 17 INFORMANT | Y ELIZABETH | SS | FER | | | |
| IMOR | 2 | | YES NO OR UNKNOWN) (IF YES GIV | -1946 | 577-10-3 | | | GREENE, RT 1, BOX 246C6 | | | ó, | | |
| SALT | | | 18 CAUSE OF DEATH Enter on | ly one couse pe | r line for o', ib , one | die | | N, MD 21658 | | | AATE INTERVAL | | |
| | | | PART I. DEATH WAS CAUSE | D BY: E CAUSE (a) | METASTA | TIC (| CARCINOMA OF T | HE LUNG | | | | | |
| PRESTON ST. | | | | | OR AS A CONSEQUE | | | | | | | | |
| EST | | | Conditions, if any, which | (b) | | | | | | | | | |
| 3 5 5505 | | | gave rise to immediate couse 10, stoting the underlying couse last | DUE TO, C | DR AS A CONSEQUE | NCE OF | | | | | | | |
| OS, 201 | 100 | z | PART 2 OTHER SIGNIFICANT (| ONDITIONS C | ontributing to E | EATH BUT | NOT RELATED TO THE TERMI | nal disease or con | DITION GIVE | N IN PART I o | | | |
| OR | + | ATIO | 190 DATE OF OPERATION | 19h COND | NITION FOR WHICH | OPERATIO | ON WAS PERFORMED | 20g AUTOPSY? | Tank IF YES | WERE FINDIN | GS LISED | | |
| REC | | IFICAT | DATE OF GLERATION | 178 COINE | MICIATION WITHOUT | OFERATIO | WAS FERI ORMED | | IN CERTIFY | ING CAUSES | OF DEATH? | | |
| TAI | 1 | CERT | 210 ACCIDENT WAS UNDERLYING | 21b TIME C | OF IN ILIRY | | 21c HOW INJURY OCCURR | YES X NO | YES | .6.9 | NO [] | | |
| OF V | / | 7 | OR CONTRIBUTING CAUSE OF DEA | TH HOUR A | M MONTH DA | Y YEAR | THE TOWN INSORT OCCORN | CD (ENIER NAT RE OF IN UI | N WILL & PAR | CI - CHERAK Z | | | |
| DIVISION OF VITAL RECORDS, and the last requirements of the last representation of the last representa | | MEDIC | 21d INJURY OCCURRED NOT WHITE AT MORK | 21e PLACE | OF INJURY REET FACTORY OFFICE F | ARM ETC) | 21f LOCATION | ITY OF TO | wN | PINUC | STATE | | |
| AIG STATE | | | | | | CITE DITE | MPED 91 97 | ACTRAPIED | 17. | 0.7 | | | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | 22e I certify that (I) this hospital attended the deceased from SEPTEMBER 21 19 87 to OCTOBER 14 19 87 that (I) (we last saw the deceased alive an OCTOBER 14 19 87, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not view the body after death). | | | | | | | | | | |
| 2 411 | | | MATURE | . 1 | | | DEGREE | | | 220 DATES | IGNED | | |
| A SANTE | | | Echoard 1 | tox | | / | | MEDICAL STAF DIRECTOR PHYSIC | IAN (4) | 1400 | t. 87 | | |
| 22 712 | | | 226 PHYSICIAN'S NAME (TYPE C | R PRINT) | | | 22e ADDRESS NAVA | L HOSPITAL | | | | | |
| X1 511 8 | 1 | | EDWARD P. FOX | LT, M | IC, USNR | | | ESDA, MD 20 | 814-50 | 11 | | | |
| 23 67 13 | 1 | 23a 6 | BURIAL, CREMATION, REMOVAL | | | AME OF | EMETERY OR CREMATORY | 23d LOCATION | | | | | |
| BP | | | Cremation | Oct. 1 | 5, 1987 Ce | dar | Hill Crematory | Suitland. | Prince | George | 's. Md. | | |
| DHMH = 16 60M 7 | /84 | 24 F | UNERAL DIRECTOR Barton | on Fune | ral Home | | 21617 250 DATE | REC'D. BY REGISTRAR | 256 REGISTR | AR'S SIGNATU | JRE | | |

8 6 5 5 0 2 007 23 67 Arteriolist Con. 15, 159 Order Ulit releases School actions Jacon L. Barton, Inc., One westing, ac. width While Bur McLes E. Burn

in 72 hours after death within 24 hours after death. Page 4 may be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and collished be detached for use as the burial-transit permit. Then please remove corbon-pages? Pages I with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT If Item 21 is marked or Item 18 shows any mjury, or other traumatic event; the medical in the medical content of the medical content in the medical content of the medica equires that the death etained by the haspital ar

STATE OF MARYLAND

| 69311 XCT 22 | FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH | | | | | | | | | | | |
|--|--|---------------------------------------|--------------|--|----------------|------------------|------------------------|------------|------------------------|-------------------|--------------------------|---------------|
| 0 | 1 1 | REGISTRAR | | | | | | | REG NO | | | |
| m 5 | | ORPRINT) | FIRST | ^ | AIDDLE | | LAST | 2a. C | DATE OF DEATH | MONTH DA | YEAR 21 | HOUR |
| nay be page 3 | | Lei | N15 | R | . (| Tree | 11200 | | . / | 0): | 3 871. | 7720A |
| Pod Pod | 3 SE) | (| 4 | RACE | | 5 DATE | OF BIRTH | 6 AC | GE (IN YEARS LAST BIRT | HDAY) IF | INDER TEAR IF | INLER 4 HR |
| s ofth | | Male | | Blac | k | MON. | الله الله | / | 10.10 | YRS | NIHT DATE H | COR MIN |
| Page Page | | RTHPLACE IN ATE OR | FOREIGN 7 | CITIZEN OF | WHAT COUN | ITRY? 8 | D NEVER MARRIED | 9 BA | ALTIMORE CITY OF | COUNTY | OF DEATH | |
| i on 72 | | W York | | U.S. | Α. | WIDOW | | | lver Spri | na | | MD |
| with: | 10 C1 | TY OR TOWN OF DE | ATH 1 | 1. NAME OF H | HOSPITAL, NI | | OR OTHER INSTITUTION | 12a | USUAL OCCUPATION | NC | 126 KIND OF E | USINESS OR |
| by the north | Si | lver Spri | ng l | (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOLV Cross Hospital | | | | | using Cou | | | |
| 212 A in bour | USU | AL RESIDENCE IF NUR | 136 COUNT | THER INSTITUTION | GIVE RESIDENCE | BEFORE ADMISSION | 134 INSIDE CITY LIMITS | S2 113e S | TREET ADDRESS / | ZIP CODE | 200 | 911 |
| ND 24 | | Md. | Mont | | | r Sprin | | | 205 Fores | | Road | 0/ |
| MARYLAND ed within 24 mpletely filler ond 2 should examiner mus | 14 FA | THER S NAME | | | | | 15 MOTHER'S MAIDEN | | | | | |
| d w d w | Δr | nold Green | | DDIE | LAS | | Myra | | WIDDLE | Gitt | iAST . | |
| | 16a V | VAS DECEASED EVER | IN US ARM | | 16b SOCIAL | SECURITY NO | 17 INFORMANT | | ADDRE | | .0110 | |
| BALTIMORE, cote be executed by system and coppers. Pages 1 wall in the medical in | C | Yes | WW | WAR OR DATES) | 061-1 | 6-5606 | Enid M. Gre | onida | 70% 1205 E | orost | Clan Pd | |
| LE be ers. I | | 18 CAUSE OF DEAT | | | | | Ellia M. Gie | J | 1 - | Olest | APPROXIMA BETWEEN ONS | |
| hicat hicat pap pap nava ent. | | PART I. DEATH V | VAS CAUSED | BY | A | KARIDA | tone & | au | una | | NA 1 | TANK BEATE |
| ng p bon | | IMMEDIATE CAUSE (o) | | | | | | | | | | |
| PRESTON he death co | | | | DUE TO, OF | R AS A CONS | STONENCE OF | | | | | 10/ | 111 |
| RESTC e deat nation, traum | | Conditions, if any gave rise to im | | (p) | | JA O | 2 | | | | 100 | 100 |
| W. P. Du the street crem | | cause ia stati | | DUE TO, OI | RASACONS | SEQUENCE OF | | | | | , | 7 |
| 201 V | | | | ((c) | | | | | | | 1 | |
| | z | PART 2 OTHER SIG | NIFICANT CO | onditions <u>co</u> | DMTRIBUTING | G TO DEATH BU | T NOT RELATED TO THE T | TERMINAL | DISEASE OR CONE | DITION GIVE | N IN PART 1 o | |
| O reen | CERTIFICATION | 190 DATE OF OPERA | TION | 195 COND | ITION FOR W | HICH OPERATION | ON WAS PERFORMED | 70 | Da AUTOPSY? | | WERE FINDING | |
| REC. | FIC | | | | | | | | ESTI NOT | IN CERTIFY YES | ING CAUSES OF | DEATH? |
| VITAL N The hysician roots had hygie Hygie | ERT | 710 ACCIDENT WAS UN | DERLYING [| 216 TIME O | F IN ILIRY | | 21c HOW INJURY OC | | | | | 140 [] |
| Phys Phys Phys Phys Phys Phys Phys Phys | | OR CONTRIBUTING | | 110110 1 | | H DAY YEAR | | | | | | |
| N OF | NC A | LIFEITHER NOTIFY MED | | P., | | 19 | 211 LOCATION | | | | | |
| PHY tending this he bund M | MEDICAL | 214 INJURY OCCUP | | (AT HOME STR | | OFFICE FARM ETC | STREET | | CITY OF TO | WN | OUNTY | TATE |
| NG officer of the orke | | A WORK A WO | ORK ORK | | | | | ch- | - 1-1/ | 7 | 0 | _ |
| No or | | 22a I certify that I | | al) attended (| 3 / Z | 9 | 19_ | 27 | 10 10/1 | 11 | 9_ the | (1) (Ve) lost |
| Spirto CTO of the | | saw the decen above, ill (we) | did (did not | view file body | alter Jeath | ev | and that unimy) opi | nion death | occurred on the do | ife and hour | | |
| OR A DIRECTOR A DIRECTOR OCHECTOR DEPT | ~ | 776 SIGNATURE | 1 | J . | 11. | 1119 | DEGNE | 116.0 | Anica. | | 220 DATE SI | ONED / |
| | | 264 | | au | un | 1 100 | ATTENDIN PHYSICIA | | DICAL STAF | | 101 | (3/X) |
| SPIT, NER. | | 22d PHYSICIALS | HOME this DE | March 1 | | / / | THE ADDRESS | / | | | - (| - al |
| O HOSPITA Fronted by VIO FUNERA Muth the Stot | | 750 | 7/0 | uhe | 20 | | 10307 Geo: | rgia . | Ave. Sil | ver Sp | oring, M | d. |
| Or | 23e I | BURIAL, CREMATION | REMOVAL | 736 DATE | | 23¢ NAME OF | CEMETERY OR CREMATO | | 3d LOCATION | | | |
| BP | | Cremation | | 10-16 | -87 | | ematory | | Washingto | n. D. | C. | STATE |
| | 24 F | UNERAL DIRECTOR | Т. С. | | | | | | D BY REGISTRAR | | | E |
| DHMH 16 60M 7 B4 (VRA 15, 4) | | Spangler | | | ADD | - 8th | St., N. E. | UCT 2 | 20 1987 | Julia L | Teridon Po | adass |

100 TO 1 1 5 CO 1 1 2 CO 1 LANDIS CARREN SUSCE 1 25 15 TO 212 MI

n 72 hours ofter death

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0

| 1 -d | | REGISTRAR | | | | CERTIF | ICATE OF DEATH | | REG. NO | | | |
|------|---------------|------------------------------------|-------------|------------------|-------------------------|------------|------------------------------|-------------------|------------|----------------|---------------------------|-------------------------|
| - | 1 DE | CEASED NAME | FIRST | | MIDDLE | i | AST | 2a DATE OF DE | | | Y YEAR | 2b_HOUR |
| | LIANE | OR PRINT) | MART | IN | | GREEN | ISPAN | OCT 3 | 1. | 1987 | | 11:15a. |
| | 3 SEX | (| | 4 RACE | | 5. DATE C | | 6. AGE (IN YEARS | LAST BIRTH | IDAY) IF | UNDER I YEAR | IF UNDER JA HRS |
| 0 | | MALE | | CAUCA: | SIAN | MAY | 8 1912 YEAR | 75 | | YRS | DATS | HOUR MIN |
| 4 | | RTHPLACE TATE OR F | OREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | NEVER MARRIED | 9 BALTIMORE | CITY OR | | OF DEATH | |
| / | | N.Y.C. | | u.s | . A . | WIDOWE | | | MONT | TGOME | RY | MD. |
| - | | TY OR TOWN OF DEA | | 11. NAME OF | HOSPITAL, NURSIN | NG HOME C | OR OTHER INSTITUTION | 12a USUAL OC | CUPATIO |)N | WATE | PNA LESS OR |
| 2 | | LVER SPR | | | | | SSPG, MD. | PHYSI | CIST | T . | | AUOSTDS |
| 1 | 13a S | AL RESIDENCE (IF NURSI | 13b COUN | JIY | GIVE RESIDENCE BEFOR | | 134 INSIDE CITY LIMITS? | 13e STREET ADE | DRESS / | ZIP CODE | (20901 | 1) |
| 5 | | MD. | M | ONTG. | SSPG. | | YESX()X NO [] | 12 GR | ANV: | ILLE | DR. S | SSPG, MI |
| A | 14 FA | THER'S NAME | | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | ME | AIDDLE | | 1.4 | NT. |
| V | | BARNETT | | | REENSPAI | | JENNIE | | | | ACKAS | |
| | 160 V | VAS DECEASED EVER | | MED FORCES? | | | | GRANV | | | SSPO | G, MD. |
| 1. | | (ES NO OR UNKNOWN) | NOI | | 218-38 | - 8195 | MRS. LILL | IAN GR | EENS | SPAN | lwife | 2) |
| | | 18 CAUSE OF DEATH | H (Enter on | ly one couse per | line for al, (b), on | nd Ic | 1 | | | 1 | BETWEEN | ONSET AND DEATH |
| | | | | TE CAUSE (o) | Car de | RU | In onai | 7 9 | res | X | | |
| | | | | DUE TO, O | R AS A CONSEOU | ENCE OF . | | | | | | , |
| | | Conditions, if ony, | | (ıb) | metas | TaTI | C EHD Sta | se lar | CINO | may | Lung | 1982/548 |
| | | gave rise to imm couse a statin | g the | DUE TO, O | R AS A CONSEOU | ENCE OF | | 7 | | - | 3 | / |
| | | underlying cause | last | (0)_ | | | | | | | | |
| | _ | PART 2 OTHER SIGN | VIFICANT (| CONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE O | RCONDI | ITION GIVE | N IN PART 1 | 0 |
| | CERTIFICATION | | | | | | | | | | | |
| 7 | CA | 19a DATE OF OPERAT | ION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPS | | | WERE FINDII ING CAUSES | NGS USED S OF DEATH? |
| 1 | E E | | | | | | | | ON | YES | | NO [] |
| 2 | | 210. ACCIDENT WAS UND | | 1110110 | OF INJURY M. MONTH D | AY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE | OF INJURY | IN ITEM 18 PAR | T OR PART 2 | |
| 1 | CAL | (IF EITHER NOTIFY MEDIC | AL EXAMINER | | M. | 19 | i i | | | 14 | | |
| | MEDICAL | 21d INJURY OCCURE | | | OF INJURY | FARM ETC) | 21f LOCATION | C | ITY OR TOW | 7 | OUNTY | STATE |
| | _ | AT WORK AT WO | RK | | | | | | 1 | | | |
| | | 220.1 certify that (1) | | 010 | 4 | <a> | 1 19 87 | to | 1013 | 19 | 27 | that (It (we) lost |
| | | sow the decease | ed olive on | ti view the body | utter dèure. | R T ar | d that in (my) (our) opinion | death occurred o | n the date | e and hour | and from the | couses stated |
| | | 726 SIGNATURE |) . | - 1 | 1112 | - 13 | LE CHEE | | | | 221 DATE | SIGNED |
| | | 100 | L. | 1 1 | The | -51h | ATTENDING PHYSICIAN | MEDICAL DIRECTOR | STAFF | | 111 | 2/8+ |
| | | 224 PHYSICIAN'S NA | AME (TYPE C | | (-) | 1 | 22e ADDRESS | | | | 1 | |
| | | Joh | NE | · my | Night! | NO | 2121 PENN. | AVE N | (1) | WASH | . D. C | |
| | | BURIAL, CREMATION, | REMOVAL | | | NAME OF C | EMETERY OR CREMATORY | 23d LOCATIO | NC | | | |
| | | BURIAL | | NOV-3 | -87 N | (T. 1 | EBANON CEME | TERV | | | MD | TATE |
| 4 | | | ANZA | | | RG MF | M CHPS. NOW | E REC'D BY REG | ISTRAR 2 | SE REGISTRA | AR 5 SIGNAT | TURE |
| 7 | | NAME 1 | 170 | ROCKUT | ILE PK | ROC | KVILLE ND | 0 6 198 | 7 | | 1 \n | - 1- an |
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH 26 HOUR Minnie Bertha Gregory October 19, 1987 White September 4, 1891 96 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery County WIDOWEDX DIVORCED | Maryland 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH EACHITY GIVE STREET ADDRESS) Collingswood Nursing Center Typist-Secretary U.S. Govt. 13e STREET ADDRESS / ZIP CODE 12401 Village Square Terr. 20852 Montgomery Rockville Maryland 4 FATHERS NAME 15 MOTHER'S MAIDEN NAME JAMUEL (Upavailable) Wheeler Benedict Virginia 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 12401 Village Square Terrace 166 SOCIAL SECURITY NO (Son) I HE VES THE WAR OR DATEST Frederick G. Gregory Rockville, Md. 20852 No 579-60-1311 18 CAUSE OF DEATH Enter only one cause per line for a b and c PART I DEATH WAS CAUSED BY CARDIAC DUE TO, OR AS A CONSEQUENCE OF LEVETIC VASCULAR DISEA Conditions, if any, which gave rise to immediate cause a stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 190 DATE OF OPERATION 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? 710 ACCIDENT WAS UNDERLYING 716 TIME OF INTURY 216 HOW INJURY OCCURRED LENIER NATIRE FIN REIN TEM 8 PART I DE PART HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 211 LOCATION TIE PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC NORK NO' WHILE 220.1 certify that (1) this haspital attended the degeosed from saw the deceased alive an and that in (my ATTENDING DIRECTOR PHYSICIAN D WHEATON MD 20901 231 NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery Burial 10/21/87 Brentwood P.G. 250 DATE REC D BY REGISTRAR 256 REGISTRAR S SIGNATURE

Francis Gasch's Sons Funeral Home, P.A.

4739 Baltimore Avenue Hyattsville, Md. 20781

DHMH 16 60M 7 84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

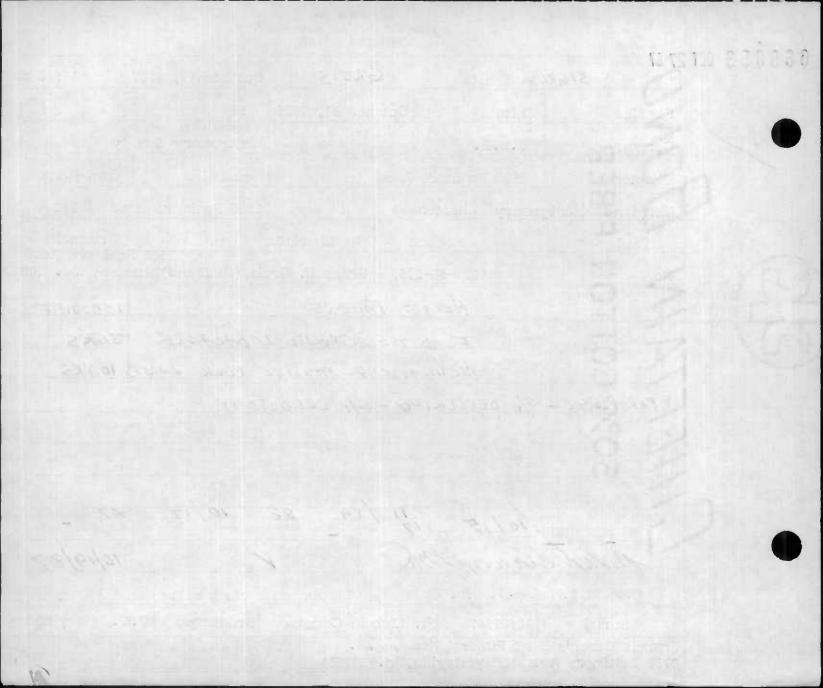
CERTIFICATE OF DEATH

| | 1. | FOR STATE REGISTRAR | | DEP | | EALTH AND MENTAL HYG | IÈNE REG NO | | | |
|-----------------|---------------|--|--|--|-------------------------------------|----------------------------------|---------------------------|--------------------|------------------|----------------------------------|
| OCT | 27E | A POED CANAL | FIRE | ANDDLE | i | AST | 20 DATE OF DEATH | | AY FAR | 2b HOUR |
| | TPI | S S | 16RUN | Ute | | areis | October 17 | , 198 | 7 | 11:25 am |
| | 3 SE | X | 4 RACE | | 5 DATE C | OF BIRTH | 6 AGE IN YEARS LAIT BIRTH | DAY | N THE DEBT AFTER | B SERIANN |
| | F | emale | White | | Octo | ber 31, 1936 | 50 | YRS | ONTH DAT | HC IRE MIN |
| 3 | 70 B | IRTHPLACE | 76 CITIZEN OF | WHAT COUN | RY? 8 MARRIE | NEVER MARRIED | 9 BALTIMORE CITY OF | COUNTY | OF DEATH | |
| 0 / | G | ermany | U.S. | Α. | WIDOWE | | Montgomery | / Cou | nty | MD |
| | W | TY OR TOWN OF DEATH | 2606 | Fenimol | re Road | DR OTHER INSTITUTION | TYPE OF WORK FOR ME TOF | ON WORKING LIFE | INDUSTRY | Home |
| 3 | 13a S | laryland M | lontgomery | 13c CITY OR Wheat | TOWN | YES NO | 2606 Fenim | zip code ore R | oad 2 | 0902 |
| 0 | 14 17 | Paul | MIDDU | Nob | | Charlotte | 3 JODIN . | | | nwald |
| 1 | | WAS DECEASED EVER IN YES NO CH UNKNOWN! | U.S. ARMED FORCES? (IF YES. CIVE WAR OR DATES) | 577-52 | 2-5955 | Franz L. Gr | | | | re Road Md. 2090 |
| | - | PART I DEATH WAS | Enter only one couse pe S CAUSED BY AMEDIATE CAUSE (o) | 13 | | AILURE | | | | MATE INTERVAL DNSET AND DEATH |
| y, or other III | NOI | | which diote the lost DUE TO, Co | | D + E OUENCE OF WANNE! TO DEATH BUT | DECTROLITE IN THE TERM SIP COLDO | E BULK 1 | LME | 34K | 'CS |
| 9 | CERTIFICATION | 190 DATE OF OPERATIO | ON 196 COND | ITION FOR WH | HICH OPERATIO | | 200 AUTOPS | | WERE FINDIN | |
| 9 | MEDICAL CER | 21a ACCIDENT WAS UNDER OR CONTRIBUTING CALL LIFE THER NOTIFY MEDICAL 21d INJURY OCCURRED | JSE OF DEATH HOUR ALEXAMINER P | OF INJURY M. MONTH M. OF INJURY REET FACTORY OF | 19 | 21t HOW INJURY OCCURR | ED NIRNAL RE FINJ R | | RIIRPAR | · AIF |
| it mores | 2 | 220 I certify that 1 (the sow the deceased | his hospital ottended | | om | 19 19 96 | 10 10/1 | 71 | 9.37 | that I we last |
| | | above, I (we did | Celesco | ofter death. | | | MEDICAL STAFF | | 22c DATE ! | |
| 4 / | | 22d PHYSICIAN'S NAM | | | | 22e ADDRESS | | | | |
| 1 | | | P. Delaney, | | | 4323 Havard | | ver S | pring, | Md. 20906 |
| | | BURIAL CREMATION, RE (SPECIFY) Burial | 23h DATE 10/21 | | | coln Cemetery | Brentwood | l P | .G. M | aryland |
| 7 /B4 | 2FY | ancis Casch | n's Sons Fu | neral | lome, P | .A. 250 DATE | REC D BY REGISTRAR 2 | S& REGISTR | AR'S SIGNATI | URE |

4739 Baltimore Avenue Hyattsville, Md. 20781

DHMH 16 60M 7 B4 (VRA 15, 4)

BP



- STATE

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR E EASED NAME 20 DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTS Bertie 5:00 Au W. GRIMES October 12. 4 RACE 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF NOTE YEAR 3 SEX Feb. 7, 1894 Female. White TO BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Montgomery County, WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Olnev Brooke Grove Nursing Home Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 113d INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 23805 Woodfield Maryland Montgomery Gaithersburg 20879 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Franklin Purdum Duvall Harriett 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) Janie E. Hawkins, Item 18 CAUSE OF DEATH Enter only one couse per line for all bond of PART I DEATH WAS CAUSED BY SenIlity IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Atherosclevosis - Gevile Conditions, if ony, which gave rise to immediate cause a stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES TO NOT 710 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 8 PART TREATED HOUR AM MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC WHILE NOT WHILE A WORK 220 I certify that (I) (this hospital) attended the deceased from sow the deceased alive on Sept. 9
above, thriwe and (did not view the body ofter death. and that in (my) componion death occurred on the date and hour and from the causes stated 22c DATE SIGNED A Schumaener M.D. ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR PHYSICIAN Oct. 12, 1987 27 PHYSICIAN'S NAME LTYPE OF PRINT Jack Schumacher, M.D. 105 Russell Ave., Gaithersburg, Md. 23a BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY Woodfield, Montgomery, Md. Burial Oct.14,1987 Wesley Grove REGISTRAR 256. REGISTRAR'S SIGNATURE Okin L. Molesworth, P.A., Damascus, Md. - william france

DHMH - 16 60M 7/B4 (VRA 15, 4)

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CEDTIFICATE OF DEATH

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| - 11 | REGISTRAR | | | CERTII | ICATE OF DE | PATE | RF | G NO. | | 1 |
|---------------|--|--|---|--------------------------|--|---------------------------------------|------------------------|----------------------|-----------------|----------------------|
| 720 | CEASED NAME | FIRST | MIDDLE | (| AST | | 20 DATE OF DEA | | DAY YEAR | 26 HOUR |
| | PE VIK PRINT) | Mary | С | GRU | BBS | | 0.00 | 10 - | 19 - 8 | 7 2:14 |
| 3 SE | | | 4 RACE | 5 DATE C | OF BIRTH | | 6 AGE (IN YEARS L | | IF UNDER ! YEA | |
| | Female | | White | 12 | | 16 | 70 Year | CS YRS | MONTHS DAY | HOURS |
| 7a. B | BIRTHPLACE (STATE O | OR FOREIGN 7 | L CITIZEN OF WHAT COL | INTRY? 8 | | | 9 BALTIMORE C | 1111 | | - |
| / | Wash.D. | c | USA | WIDOWE | D NEVER MA | ORCED 🗆 | Manto | omery C | Ounty | |
| 10 0 | ITY OR TOWN OF D | | 1. NAME OF HOSPITAL, | NURSING HOME | - Land | | 120 USUAL OCC | JPATION | 126 KIND | OF BUSINES |
| / _ | Takoma Pa | rk. | Washington | | t Hosni | tal . | Nurse- | | | 1 |
| List | | JRSING HOME OF C | OTHER INSTITUTION GIVE RESIDEN | CE BEFORE ADMISSION) | | | | | 100 | 5-70 |
| 51" | Maryland | Drine | is. City of | | 13d INSIDE CIT | | 1912 Er: | | #201. | 10 |
| /4.F | ATHER'S NAME | | | | 15. MOTHER'S | | | re sr. | # ZUI | |
| 9 | Michael | - | O'Conr | AST TO | | RS1 | MIC | DLE | _ | AST |
| 160 | WAS DECEASED EVE | | | AL SECURITY NO. | | sie | Erie S' | DDRESM TTO | nknown | |
| | N/A | (IF YES GIVE | WAR OR DATES] | | | | | | LLS. FIG | • |
| | _ | 1711 5 | | 03_4376A | Micha | el Gr | ubbs (S | on). | APPRO | XIMATE INTERV |
| | PART I DEATH | WAS CAUSED | y ane couse per une for la | | -0 1011 3 | 0 5 | - 00 | 1.000 | BETWEEN | ONSET AND D |
| | | IMMEDIATE | CAUSE (a) | RY VEN | RICULE | IK E | IDULL | 41100 | | |
| | | | DUE TO, OR AS A CON | NSEQUENCE OF | | | | | | |
| | Canditians, if ar | | | | ARTER | Y DIS | SEASE . | + HTN | | |
| | gave rise to in | | DUE TO, OR AS A CON | | | , | | | | |
| | underlying cau | ise last | | | DIABGT | -55 | MELLIT | US | | |
| | PART 2 OTHER SI | GNIFICANT CO | ONDITIONS CONTRIBUTION | NG TO DEATH BUT | NOT RELATED T | O THE TERMI | NAL DISEASE OR | CONDITION (| SIVEN IN PART 1 | a |
| NO NO | | | | | | | | | | |
| CERTIFICATION | 19a DATE OF OPER | RATION | 196 CONDITION FOR | WHICH OPERATIO | N WAS PERFOR | MED | 200 AUTOPSY | | ES, WERE FIND | |
| Z H | | | | | | | YES NO | / | TIFYING CAUSE | S OF DEATH |
| E E | 210 ACCIDENT WAS L | INDERLYING | 216. TIME OF INJURY | | 21c HOW INJI | JRY OCCURR | ED (ENTERNAT REC | - | | |
| | OR CONTRIBUTING | | | TH DAY YEAR | | | | | | |
| MEDICAL | 21d INJURY OCCU | | P.M. 21e PLACE OF INJURY | 19 | 211 LOCATION | 1 | | | | |
| ¥. | WHILE NOT AT WORK | WHILE | (AT HOME STREET FACTORY | OFFICE FARM ETC) | STREET | | (ITY | ORTOWN | COUNTY | 117 |
| | | - | -D essential she decrees | 10 | 1241 | . 04 | 1 | 1 | As | 1 |
| | 220 1 marking shock | | | | | | . 101 | 19/ | 10 8 1 | |
| | 220 I certify that | ared olive pn_ | 10/19/ | 19 8) | nd that un imvil | nur) Doubles o | leath accured as | the data and h | 19 8 / | inet (I) |
| | saw the dece above (1) (we | ared olive pn_ | | _19_ <u>\$')</u> , or | | aur) ppinian a | leath accurred an | the date and h | | |
| | saw the dece | ared olive pn_ | 10/19/ | _19_ <u>\$')</u> , or | DEGREE | | | | | e causes stat |
| | saw the dece above (1) (we 22b SIGNATURE | osed alive pn_ ((did)) did not | view the body after death | _19_ <u>\$')</u> , or | DE GREE AT PH | TENDING . | MEDICAL DIRECTOR PI | STAFF | | |
| | saw the dece above (I) (we 22b SIGNATURE 22d PHYSICIAN'S | aged dive on_ (did)/did not SCU NAME (TYPE OR | view the body after death New MP PRINT | | DEGREE | TENDING . | MEDICAL | STAFF HYSICIAN [] | 22c DAT | E SIGNED |
| / | saw the dece above (1) (we 22b SIGNATURE | aged dive on_ (did)/did not SCU NAME (TYPE OR | view the body after death | _19_ <u>\$')</u> , or | DE GREE AT PH | TENDING AYSICIAN | MEDICAL DIRECTOR PI | STAFF HYSICIAN [] | 22c DAT | AUD |
| 230 | 224 PHYSICIANS I | NAME (TYPE OR | VIEW THE body after death VIEW THE BENNER 1236 DATE | | DEGREE AT PH | TENDING AYSICIAN A | MEDICAL DIRECTOR PI | STAFF HYSICIAN [] | SHIRO WD 2 | AUD 0904 |
| 230 | saw ib elections of the same o | NAME (TYPE OR | view the body after death NEV MD PRINT! BENNER | 1987 or | DEGREE AT PH | TENDING AYSICIAN A | MEDICAL DIRECTOR PI | STAFF HYSICIAN [] | SHIRE WD 2 | AUD 0904 |
| | 224 PHYSICIAN'S I BURIAL, CREMATION (SPENIAL) | NAME (TYPE OR | VIEW the body after death NEW MD PRINTI BENNER 23b DATE 10/22/87 | MD 23c NAME OF C PARKLA | DEGREE AT PH 22e ADDRESS EMETERY OF CR | TENDING HYSICIAN A SILVER ATORY ETERY | MEDICAL DIRECTOR PI | STAFF HYSICIAN D | SHIRE WD 2 | AUD 0909 |
| | 224 PHYSICIAN'S I BURIAL, CREMATION (SPENIAL) | NAME (TYPE OR | VIEW THE body after death VIEW THE BENNER 1236 DATE | MD 23c NAME OF C PARKLA | DEGREE AT PH 22e ADDRESS EMETERY OF CR | TENDING HYSICIAN A SILVER ATORY ETERY | MEDICAL DIRECTOR PI | STAFF HYSICIAN | SHIRE WD 2 | AUD O 9 0 4 Md |

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STATE OF MARYLAND

| DEI | CERTIFICATE OF DEATH | | EG. NO. | | | 3 |
|-----|----------------------|-------------------|---------------|----------|-------|---------------|
| E | LAST | 20 DATE OF DEA | HINOM HIA | DAY | YEAR | 26 HOUR |
| 1 | Guarella | 10-18 | -87 | | | 04501 |
| | 5 DATE OF BIRTH | 6 AGE LIN YEARS L | AST BIRTHDAY) | IF LINUE | RYFAR | IF INDER 13 H |

| | | CEASED NAME | FIRST | | MIDDLE | l | AST | | 20 DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR |
|---|---------------|-------------------------|-----------------|----------------|--|-----------|-------------------|----------------|------------------------|---------------|------------------|--------------------|
| ì | [TYPE | OR PRINT) | Rose | | m | (1) | Cenolo a | , | 10-10- | 87 | | 0450 Am |
| | 3 SEX | (| | RACE | 171 | 5 DATE C | OF BIRTH | | AGE (IN YEARS LAST B | (RTHDAY) | IF INLIER YEAR | IF JNDER J4 HR |
| | F | emale | | White | | MONTH | - 13 - | YEAR | 76 | YRS | MONTHY DATS | HOURS MIN |
| | | RTHPLACE ASSATE OF F | OREIGN 76 | | WHAT COUNTRY? | 8 | D NEVER MA | DDIED | BALTIMORE CITY | OR COUNT | Y OF DEATH | |
| | | Wash.D.C. | | USA | | WIDOWE | DI DIVO | RCED 🗌 | Montgomer | | | MD |
| 1 | | TY OR TOWN OF DEA | | (IF NOT IN SUC | HOSPITAL, NURSIN HEACILITY, GIVE STREET | ADDRESS) | | | TYPE OF BL SOUTH | | | OF BUSINESS OR |
| 4 | | koma Park | INC HOME OR OTH | Washin | gton Adv | entist | Hospit | al | Fed.Gov't | | Navy | Yard |
| _ | 13a S | | 136 COUNTY | | 13c. CITY OR TOW | | 134 INSIDE CITY | LIMITS? | 3e STREET ADDRESS | / ZIP COI | DE | 10211 |
|) | - | Md. | Mont. | B | urtonsvi | 11e | YES 😿 🗈 | 10 🗆 | 14617 01dC | olumb | ia Pike | 0000 |
| 2 | 14 FA | THER'S NAME | MID | Dif | LAST | | 15 MOTHER'S A | | E MIDDLE | | LA* | |
| 0 | М | atteo | | | ntuono | | Santa | 221 | WIDDLE | | Norchio | |
| ī | 16a V | AS DECEASED EVER | | D FORCES? | 166 SOCIAL SECU | JRITY NO. | 17 INFORMAN | Т | ADDF | | MOTCHILO | |
| | | N/A | HEYES GIVE W | AR OR DATES) | 578 07 | 2325 | Angelo | Guarel: | la(Husband |) Sam | e as 131 | E |
| | | 18 CAUSE OF DEAT | H (Enter only o | ane cause per | line for (a), (b), or | nd IC: | | | | | BETWEEN | ONSET AND DEATH |
| | | PART I. DEATH W | AS CAUSED B | | res | neina | Low | paule | ire | | | |
| | | | | DUE TO O | r as a conseou | ENICE OF | , | 0 | | | | |
| 3 | | Conditions, if any, | | (b) | 1 | 1000 | ue (ar | uen 1 | unu | | | |
| | | gove rise to imm | nediote | DUE TO O | R AS A CONSEOU | ENICE OF | | | 2 | | | |
| | | underlying cause | lost | (6) | K AS A CONSCOO | EIACE OF | | | | | | |
| | _ | PART 2 OTHER SIGN | IFICANT CO | NDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO | O THE TERMIN | AL DISEASE OR COM | 1DITION G | IVEN IN PART 1 | a |
| | 9 | | | | | | | | | | | |
| 7 | CERTIFICATION | 19a DATE OF OPERAT | ION | 196 COND | TION FOR WHICH | OPERATION | N WAS PERFORA | AED | 200 AUTOPSY? | 20b IF YE | ES, WERE FINDIN | NGS USED |
| Ц | RTIF | | | | | | | | YES NO | Y | ES 🗌 | NO 🗌 |
| | | OR CONTRIBUTING | | HOUR A. | FINJURY M. MONTH D | AY YEAR | 21¢ HOW INJU | IRY OCCURRE | D (ENTER NATURE OF INJ | JRY IN ITEM 8 | PART OR PART 2 | |
| | CAL | (IF EITHER NOTIFY MEDIC | | P | | 19 | | | | | | |
| | MEDICAL | 21d INJURY OCCURR | | 21e PLACE | OF INJURY | FARM FTC | 211 LOCATION | | I ITY OR TO | OWN | OUNTY | STATE |
| | 2 | AT WORK NOT WH | ILE | | | 1 | 1 | | 12 | | - | |
| | | 220.1 certify that (1) | (this hospital) | ottended th | e deceased from_ | | 0 | 19 87 | _, to | 大 | 19 | that (I) (we) last |
| | | sow the decease | d olive on | iew the bady | after death | X7. on | d that in (my) (a | ur) opinian de | oth occurred on the o | lote and ha | iui and from the | causes stated |
| 1 | | 776 SIGNATURE | Λ | 11100 | 1 |] | DEGREE | | | | 22c DAVE | SIGNED |
| , | | mart | mo. | Mul | ton | | | YSICIAN O | MEDICAL STA | CIAN [| 10/1 | 8/20 |
| | | 22d PHYSICIAN'S NA | ME (TYPE OF PR | INTO | 0 | | 22e ADDRESS | ^ | | | | |
| | | Martin | 0-106 | LTZ. | 7227 | reen | way G | Druy | 2 yelenle | let | MD 20 | 2770 |
| | | URIAL, CREMATION, | | 236 DATE | | | EMETERY OR CRI | EMATORY | 23d LOCATION | | | |
| | В | ürial | | 10/21/ | 8/ IGa | te of | Heaven | | S.S. | M | ont | Md .TATE |

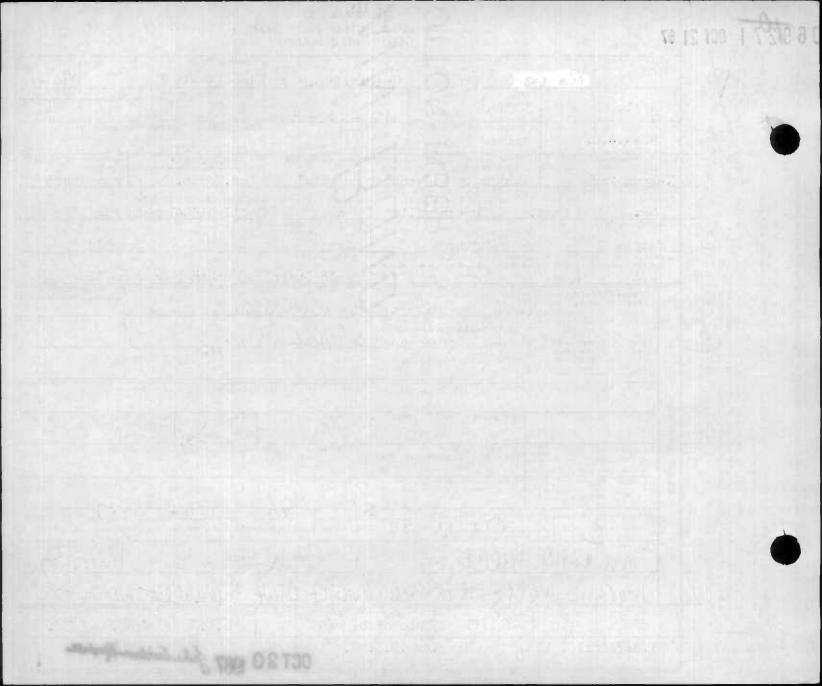
24 HIRES/Rinaldi 11800 New Hamp Ave.S.S.Md. DHMH - 16 60M 7/84

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR SEIGNATURE

(VRA 15, 4)

BP.

IMPORTANT If Item 21 is morked or Item 18 shows ony



r page 3 fter death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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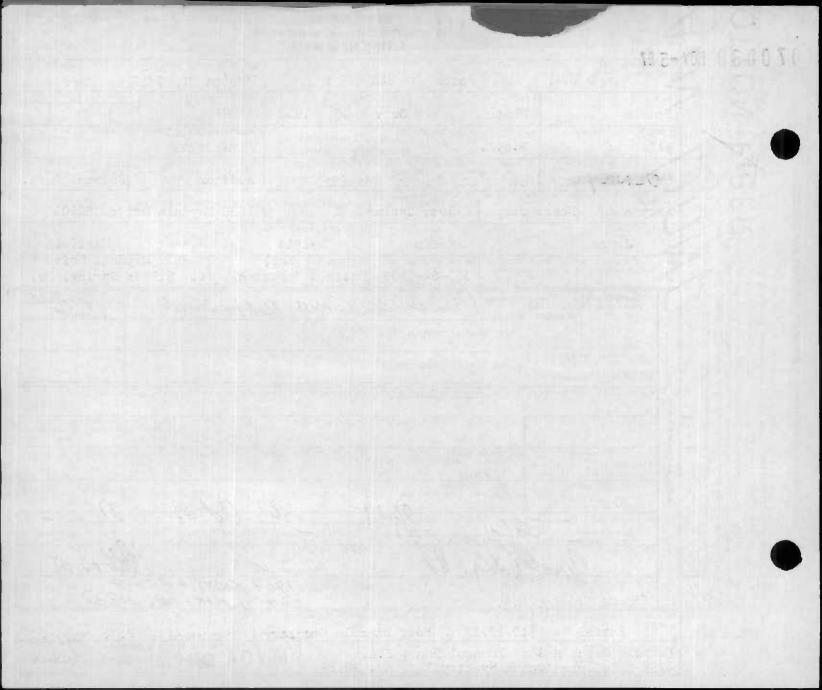
| 11/ | - | REGISTRAR | | | | | CER | RTIF | ICATE OF DEAT | Н | REG. N | 10 | | | |
|-----|---------------|----------------------------------|-------------------------|-----------|---------------------|-------------------|-----------------|----------|--|------------|---|-------------------|---------------------------------|------------|-----------|
| ¥ | 1 1 | CEASED NAME | F | IRST | | MIDDLE | | L | AST | | 20. DATE OF DEATH | | DAY YEAR | 26 HO | JR |
| | LIAME | OR PRINT) | LUAN | INA | | Eaton | H | AB | ERMEHL | | October 22 | . 19: | 87 | 6:4 | 8A M |
| | 3 SE> | X | | - 14 | RACE | | 5. DA | ATE C | OF BIRTH | | 6 AGE TIN YEARS LAST B | , | IF UNDER LIFEAR | IF IJN()EI | R . 4 HR' |
| | Fe | emale | | | White | | Oc ² | C- | 26, 15 | 000 | 86 | YRS | MCNOWN DAY | HOURT | MIN |
| 1 | | RTHPLACE (ST | ATE OR FORE | IGN 7 | b CITIZEN OF | WHAT COUN | TRY? 8 | DD 15 | - M NEVER WARR | | 9 BALTIMORE CITY | OR COUN | TY OF DEATH | | |
| 1 | | linois | | | U.S.A. | | WID | OWE | D NEVER MARRI | ED 🗌 | Montgome | .y | | | MD |
| 7 | 8 (| OLNE | 4 | | Montgon | nery Ge | neral | Hi | or other institution of the state of the sta | ON | 120 USUAL OCCUPA (TYPE OF WORK FOR MOST Auditor | | 126 KIND (INDUSTRY Feder | | |
| 5 | 13a S | RESIDENCE OF ALE | (IF NURSING 131 M | ontg | omery | 13. CILY OR SILVE | TOWN Spr | ing | 130 INSIDE CITY LIV | MITS? | 1622 Mayd | / ZIP CO ale I | Prive 2 | 0904 | |
| H | 14 FA | THER'S NAME | | м | IDDLE | Eat | | | 15 MOTHER'S MAIL | | MIDDLE | | LA | ST a a | |
| - | | Jame | | | | | | | Nett | | | | | tfal | |
| | 160 W | VAS DECEASED YES NO OR UNKNOV | EVER IN | | WAR OR DATES) | 16b SOCIALS | | | 17 INFORMANT (| | | | Maydale | | |
| | NO | , | | | | 577-8 | 4-100 | 9 | Russell F | laber | mehl, Jr. | Silv | ver Spri | - | |
| | | 18 CAUSE OF | DEATH | CAUSED | one cause per | life for io , (b | , ond ic | -5 | Mann | 11 | defront For | Ma | BETWEEN | ONSET AND | RVA090 |
| | | | | | CAUSE (a) | Cumer | | 710 | 17/00/11/01 | 1 Uhr. | all ground or | 0 | NC | 160 | |
| | | | | | DUE TO, O | R AS A CONSI | EQUENCE (|) F | | | | | | | |
| Н | | Conditions, it | | | (b) | | | | | | | | | | |
| | | cause 01, underlying | stating | the | DUE TO, O | r as a consi | EQUENCE |) F | | | | | | | |
| | | | | | (c) | | | | | | | | | | |
| | Z | PART 2 OTHE | RSIGNIFI | CANTC | ONDITIONS <u>CC</u> | DNTRIBUTING | TO DEATH | BUT | NOT RELATED TO THE | HE TERMIN | VAL DISEASE OR COM | IDITION G | EIVEN IN PART 1 | 0 | |
| 7 | CERTIFICATION | 19a DATE OF C | PERATIO | N | 196 COND | ITION FOR WE | HICH OPERA | OITA | N WAS PERFORMED | | 20a AUTOPSY? | 20b IF Y | ES, WERE FINDI | NGS USE | D |
| 7. | TIFIC | | | | | | | | | | YES T NOT | | TIFYING CAUSES | OF DEA | |
| 3 | CER | 21a ACCIDENT W | | | 216 TIME O | | 5 | | 21c HOW INJURY | OCCURRE | D (ENTER NATURE OF INJ | | | | |
| | | OR CONTRIBUTION | | | HOUR A. | M MONTH | | AR 19 | | | | | | | |
| | MEDICAL | 21d INJURY O | | | 21e PLACE | OF INJURY | | | 21f LOCATION | - | | | DUNTY | | |
| П | × | AL WORK | NOT WHILE | | (AT HOME STA | REET FACTORY OF | FICE FARM ETC | 1 | STREET | 1 | ON I | 3 | 2) | | TATE |
| Н | | 22a I certify th | | 4 hospitt | Thattended th | e deceosed fro | om Jo | V | 19 | 94 | 10/10/2 | 1 | 19.0 | that ill f | ve) last |
| П | | | | | Vel 21 | 148 1 | 19 9 | or | nd that in (my) (and | opinion de | eath occurred on the c | ate and h | out and from the | couses st | ated |
| | | 226 SIGNATUI | | casa not | 11 | h, | 1 | | DEGREE | | / | | MUZBATE | SIGNED | - |
| | | | 11, | 11103 | 26 pt | 4/W/ | | | ATTEN | | DIRECTOR PHYSI | | Met de | 1, 199 | |
| 7 | | 22d PHYSICIAN | ys with | HITTE ISE | 1481 | 11 11 | | _ | 22e ADDRESS | | 4 8000511 | | nio | (, ,) | |
| | | Thomas | Doo | leu. | M.D. | | | | 1 | | 24, MARY | | | > | |
| | 230 B | URIAL, CREMA | | | 23b DATE | | 23¢ NAME (| OF C | EMETERY OR CREMA | | 23d LOCATION | | | | |
| | (| Bur | ial | | 10/26/ | 87 | Fort I | ir | coln Ceme | terv | Brentwo | ho | P.G. | Mag1 | ITATE |
| | 24 FU | ancis G | or asch | 's S | ons Fun | eral H | ome I |) A | | | REC'D. BY REGISTRA | 256 REGI | STRAR'S SIGNA | | -and- |
| | 47 | 39 Balt | imor | a_Av | enue Hy | attsvi | lle, N | ıd. | 20781 | NUV | 1 0 4 1987 | Sule | a Duridson | . Kand | ald |

DHMH = 16 60M 7/B4 (VRA 15, 4)

BP.

MPORTANT: If Item 21 is marked or Item 18 shares any muny or other traumatic event

TO FUNERAL DIRECTOR. After this certificate for Berning should be detached for use as the burial-trans. Permit with the State Dept. of Health and Mental Hygining in the little and the state of the sta



BP.

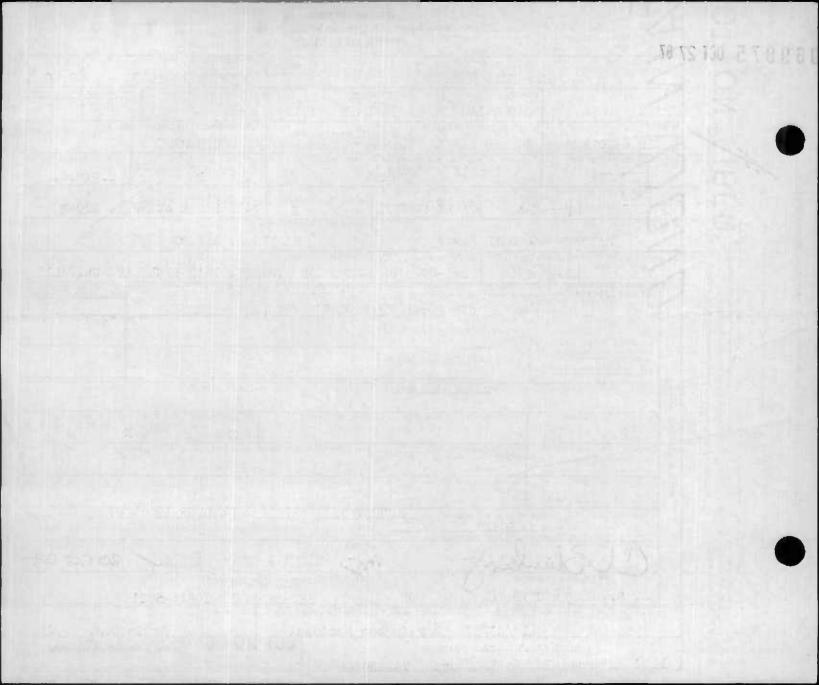
DHMH 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is morked or Item 18 shows ony

1698

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| , | 1 - | FOR STATE REGISTRAR | | DEPART | | IEALTH AND MENTAL HYG | IÉNE / | 2 9 | 10 | £ ⁵ |
|---|---------------|--|-----------------------------|-----------------------|------------------|---------------------------------|-------------------------|---------------------------|---------------|----------------------------------|
| - | 1 DEC | CEASED NAME FIRST | | MIDDLE | | LAST | | MONIH DAY | YEAR | 26 HOUR |
| | | | MES EDIS | ON HANEY | | | OCTOBER 1 | 9 1987 | | 9:00 P |
| ı | 3 SE) | (| 4 RACE | | 5 DATE O | | 6 AGE (IN YEARS LAST BI | RTHDAY] IF | JNDER TYEAR | IF UNDER THE |
| , | | ALE | CAUCAS | IAN | JAN | UARY 3 1919 | 68 | YRS | | THE IN THE |
| 1 | 1 0 | RTHPLACE TATE OR FOREIGN COUNTRY) RTH CAROLINA | | WHAT COUNTRY? STATES | MARRIE WIDOWE | D NEVER MARRIED DIVORCED | 9 BALTIMORE CITY O | | F DEATH | |
| 1 | 0 | TY OR TOWN OF DEATH BETHESDA | 11. NAME OF | HOSPITAL, NURSIN | IG HOME (| OR OTHER INSTITUTION | 12a USUAL OCCUPAT | ION | INDUSTRY | F BUSINESS OR |
| | USUA | AL RESIDENCE (IF NURSING HOME) | OR OTHER INSTITUTION | NAVAL HO | | ъ | RETIRED | | U.S.I | M.C. |
| 1 | VII | RGINIA FAI | RFAX | FALLS CH | NI | 13d INSIDE CITY LIMITS? | 7412 LISLE | ZIP CODE AVENUI | E 22 | 043 |
| 4 | FA FA | THER'S NAME | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | 2100104 | | LAST | 1 |
| 4 | 11 11 | MALONEY | | | | | HA A. BENSO | | | |
| 4 | 16a V | VAS DECEASED EVER IN U.S. A VES NO OR UNKNOWN) UF YES | 0-1960 | 245-09- | | 17 INFORMANT | ADDR | | | TATTO |
| 1 | | | | | | GERTRUDE H.H. | | LISTE E | | |
| 1 | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | only one cause pe SED BY | | | | | | BETWEENO | MATE INTERVAL DNSET AND DEATH |
| 1 | | IMMEDI | ATE CAUSE (a) | ATHERUSC | LEROI | CIC CARDIOVASC | ULAR DISEAS | SE | | |
| 1 | | C In the second | DUE TO, C | R AS A CONSEQUE | NCE OF | | | | | |
| | | Conditions, if ony, which gove rise to immediate |) b)_ | | | | | | | |
| 1 | | couse to stating the underlying couse lost | DUE TO, C | R AS A CONSEQUE | NCE OF | | | | | |
| 1 | | PART 2 OTHER SIGNIFICANT | CONDITIONS C | ONTRIBUTING TO F | DEATH BUT | NOT PELATED TO THE TERM | IN AL DISEASE OF CON | DITIONLONEN | INI DART 1 | |
| 1 | NO | | <u>c</u> | ON MOUNT OF E | ZEATT OOT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN | INFARITO | |
| | CERTIFICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 206 IF YES, WIN CERTIFYIN | G CAUSES | GS USED OF DEATH? |
| | CER | 210 ACCIDENT WAS UNDERLYING | 1.01.0 | | | 21c HOW INJURY OCCURR | | | | |
| | AL | OR CONTRIBUTING CAUSE OF D | CAIII | .M. MONTH DA | AY YEAR | | | | | |
| 1 | MEDICAL | 21d INJURY OCCURRED | 21e PLACE | OF INJURY | | 211 LOCATION | IFY OR 10 |) MA | OUNTY | TATE |
| | ž | AT WORK AT NOTH | (ATHOME SI | REEL FACTORY OFFICE F | ARM ETC) | 21KEE1 | III OR IC | 140.4 | | TIALS. |
| | | 22a certify that (1 (this has | | | _ | ST 25° 1987 | 10 OCTOBER | 19 19 | 87 | hat (1 (we) last |
| 1 | | sow the deceased alive a above, [httwelfdid] [did r | on OCTOBE | R 19 19 8 | 7 01 | nd that in (my) (our) opinion o | deoth occurred on the d | ate and hour ar | nd fram the c | auses stated |
| | | 226 STGNATURE | 0 | | | DEGREE | | 1 19 | 220 DATES | SIGNED |
| | | (De | ules | 1- | V | PHYSICIAN [| MEDICAL STA | FF CIAN | 200 | T87 |
| | | 22d PHYSICIAN'S NAME (TYPE | | | | Me ADDRESS NAVAL | HOSPITAL | | | |
| | | C. L. BLANKEN | ISHIP, CI | OR, MC, US | SN | BETHES | DA, MD 2081 | 4-5011 | | |
| | 23a B | URIAL, CREMATION, REMOVA | | | | EMETERY OR CREMATORY | 23d LOCATION | | OUNTY | STATE |
| | | Burial | 10/23/ | 87 Ar1 | lingto | on National | | Arlin | | VA |
| | 24 FU | INERAL DIRECTOR Murph | y Funera | 1 Home | | 001 | REC'D BY REGISTRAR | 256 REGISTRA | R'S SIGNATU | JRE |
| | 1 | 102 W. Broad S | t, Falls | Church. | VA 22 | 2046 | - 4 | | | |

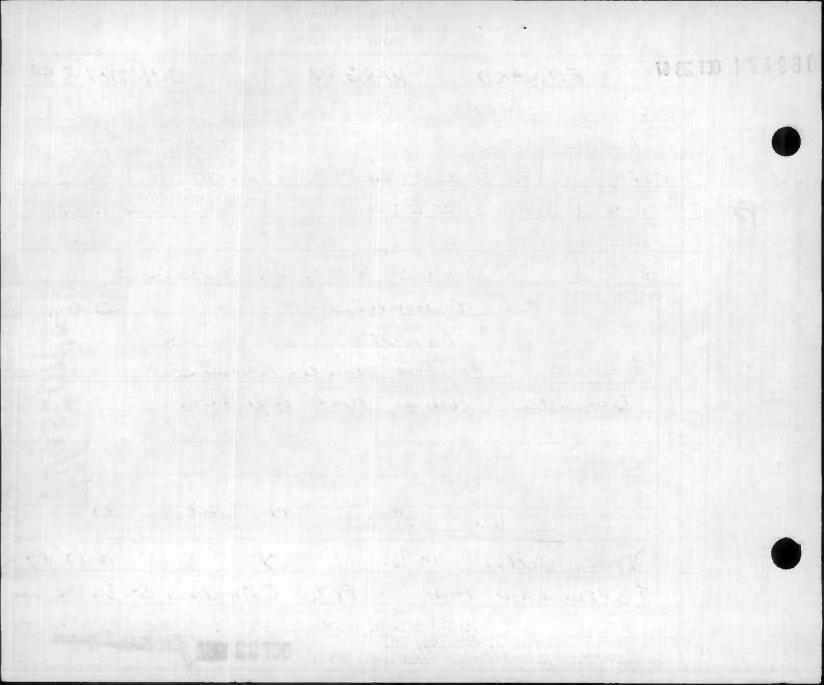


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 9 7 5 8

| | | REGISTRAR | | CERTIF | ICATE OF DEATH | REG. NO | | | |
|------------------------------------|---------------|--|---|------------|-----------------------------------|--|------------------------------|-----------------------|---------------------------------|
| 47 d € OCT 2 | 3 8 | GEASED NAME FIRST | WARD F. | HAI | RGAN | 20 DATE OF DEATH | Jet 17 | 187 | 3 CO |
| poge poge | 3 SE: | | 4 RACE | 5 DATE O | F BIRTH | 6 AGE IN YEARS LAST BIRT | HDAY) IF IN | TIER I VE AR | IF INITER 24 HRY |
| ofte of | | | | MONTH | DAY YEAR | • | MONI | AN DAYS | HOUR MIN |
| irrect oge | | ALE RTHPLACE I MATE OR FOREIGN | CAUCASIAN 76 CITIZEN OF WHAT COUNTRY? | | 22, 1904 | 9 BALTIMORE CITY O | YRS OF I | DEATH | |
| D TY TY | | COUNTRY) | | MARRIE | NEVER MARRIED | | | DEATH | |
| hing to | | EW JERSEY | USA | WIDOWE | | MONTGOME | | | M |
| by the filled with | | TEATON | 11. NAME OF HOSPITAL, NURSIN INF NOT IN SUCH FACILITY, GIVE STREET RANDOLPH HILLS | ADDRESS) | | 170 USUAL OCCUPATION OF THE OF WORK FOR MOST OF THE | | ZE KIND OF NDUSTRY | BUSINESS OR |
| d be | 13a S | AL RESIDENCE IF NURSING HOME OF TATE 136 COU | | /N | 13d INSIDE CITY LIMITS? YES NO | 13e STREET ADDRESS / 15074 HASEI | | URT | 20906 |
| and 2 sh | 14 F/ | ATHER'S NAME ARCHIBALD | MIDDLE HARGAN | | 15 MOTHER'S MAIDEN NA | ME MIDDLE | | DEGN | |
| 2 0 1 | | VAS DECEASED EVER IN U.S. A | RMED FORCES? 166 SOCIAL SECU | JRITY NO. | 17 INFORMANT | ADDRE | \$\$ | - 2021 | |
| medii | (| NO RUNKNOWN) (IF YES GI | 129-10- | 1559 | VIOLA K. HARO | GAN/WIFE/SAN | E AS 13 | | |
| ol ol , | | 18 CAUSE OF DEATH Enter o | inly one couse per line for (a), (b), on | id (ci) | | | | APPROXIM BETWEEN O | NATE INTERVAL NSET AND DEATH |
| ven ven | | PART I DEATH WAS CAUS | ATE CAUSE (0) Price | ino | ia | | | 20 | lan |
| emotion, or | | Conditions, if ony, which gave rise to immediate couse a stating the | DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE | inal | 500 | | | | |
| ool, cr | | underlying cause lost | 10 Cerebr | re 1 | | dream | | | |
| to bur | NO | Descent | CONDITIONS CONTRIBUTING TO | DEATH BUT | not related to the term | Lectures | DITION GIVEN II | N PART 1 o | |
| ene prior | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | ORERATIO | N WAS PERFORMED | YES NO | 206 IF YES, WE IN CERTIFYING | | |
| Litronsil of Hygin or 18 she | | 210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE | | AY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATIRE OF INJU | RY IN ITEM 18 PART | OR PART . | |
| ento trem ttem | CAI | HE EITHER NOTIFY MEDICAL EXAMINE | ER) P.M. | 19 | | | | | |
| ond M ked or | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY | FARM ETC : | 211 LOCATION | CITY OF TO | WN | COUNTY | STATE |
| mo mo | | 22a I certify that (II (this hosp | pital) ottended the deceased from | May | 19.87 | 10 Oct | 19_ | 87 1 | hat (1 (we los |
| of H of H 21 is | | sow the deceased alive a | not view the body after death. | 87 4 | id that in (my (our) opinion | death occurred on the de | ote and hour and | d from the c | ouses stated |
| lREC hed ept fem | | 27b SIGNATURE | or yiew the body after death | ~ | DEGREE | | | 22c DATES | SIGNED |
| ote Do | | Stanne SI | rellman M. | D. | ATTENDING PHYSICIAN | MEDICAL STAI | IAN 🗌 | 10-1 | 7-87 |
| AN AN | | 274 PHYSICIAN'S NAME (TYPE | OR PRINT! | | 22e ADDRESS | | | | |
| with the | | IJ SPELLI | NAN M.D- | | 8830 C | AmEROL | J St. | SILL | ERSPA |
| 5 3 ≥ 7 | | BURIAL, CREMATION, REMOVA | L 23b DATE 23c | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | a INIT v | STATE |
| | | BURIAL | OCT 21,1987 G. | ATE OF | HEAVEN CEMET | TERY SILVER | | | |
| 14 (04) 7 04 | 24 F | UNERAL DIRECTOR FRA | NCIS J. COLLINS, | JR. | 254 PA | E REC A BY REGISTRAR | 256 REGISTRAR | SAIGHAN | piest |

(VRA 15, 4)

500 UNIVERSITY BLVD W SILVER SPRING, MD 20901 UL 22 1881



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE

| | | REGISTRAR | | CERTIF | ICATE OF DEATH | REG. NO | 0 | |
|--|---------------|---|--|---------------|--------------------------------|--|---|----------------|
| | | EASED NAME FIRST | MIDDLE | 1 | AST | 20 DATE OF DEATH | | 26 HOUR |
| ge 3 leoth | (TYPE | Salles | | H | ARR'S | 004 3 | 7991,0 | 938PM |
| po po | 3 SE) | | RACE | 5. DATE C | | 6 AGE (IN YEARS LAST BIR | THDAY) IF INDER YEAR | IF UNDER 4 HRS |
| 100 | | Female | Black | MA | पु 1°6 19117 | 70 | YRS | MIN |
| 101 | | RTHPLACE (MATE OR FOREIGN) | b CITIZEN OF WHAT COUNTRY | ? 8 MARRIE | NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF DEATH | |
| 11 11 | | orth Carolina | U.S.A. | WIDOWE | | Montgome | ry | MD. |
| 11/70 | | thesda | 1. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Suburban Ho | T ADDRESS) | _ | 12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Beautici | F WORKING LIFE) INDUSTRY | Vate |
| and be | I SUA | TATE D.C. | | WN | 13d INSIDE CITY LIMITS? YES MO | 13. STREET ADDRESS 5100 5th | St. N.W. | 19999 |
| 2 2 2 | 14 FA | THER'S NAME | IDDLE LAST | | 15 MOTHER'S MAIDEN NAM | | LAF | |
| 連続を | E | ddie Wilson | indute that | | Lizzie Wi | 1son | LAC | |
| 18 19 | | AS DECEASED EVER IN U.S. ARA | | URITY NO. | 17 INFORMANT | ADDRE | SS | |
| and and |] | ES NO OR UNKNOWN) (IF YES, GIVE | 242-28 | -3901 | Lloyd Har | ris 5100 | 5th St. N | .W. |
| re has been signed by the attending sist permit. Then please remove carbo, grene prior to buriol, cremation, or re | CERTIFICATION | Conditions, if ony, which gove rise to immediate cause io, stating the underlying cause lost PART 2 OTHER SIGNIFICANT CORP. PART 2 OTHER SIGNIFICANT CORP. 19a DATE OF OPERATION | DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T | JENCE OF | NOT RELATED TO THE TERMI | 200 AUTOPSY? | 206 IF YES, WERE FINDING IN CERTIFYING CAUSES | a NGS USED |
| certificati unal-trans tental Hyg | MEDICAL CE | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT | P.M. | DAY YEAR | 211 HOW INJURY OCCURR | ED (ENTER NATURE OF INJUI | RY IN ITEM 8 PART JR PART . | |
| the bond w | MED | 21d INJURY OCCURRED WHITE NO! WHITE AT WORK | 21e PLACE OF INJURY LAT HOME STREET FACTORY OFFICE | FARM ETC) | STREET | I ITY OR TO | WN COUNTY | STATE |
| Aft alth mar | | 22a I certify that (1) (this hospit | al) attended the deceased from | 9- | 29-8710 | to 10 - 2 | 20 1987 | that the last |
| H H | | sow the deceased alive on | 10-20 19 | | nd that in (my reas opinion d | lepth occurred on the de | ate and hour and from the | causes stated |
| DIRECT tached for a Dept a | | obove, (I) 1 (did) (did of 22b SIGNATURE | view the body ofter deoth | | DEGREE ATTENDING | MEDICAL _ STAI | FF 22c. DATE | SIGNED |
| Stat ANT | | 224 PHYSICIAN'S NAME TTYPE OR | ODINIT! | | PHYSICIAN (| DIRECTOR PHYSIC | IAN | Bus |
| should be with the | | John | Tauber | | 8218 WIS | CONSIN | AUR Z | atheodo |
| F 5 3 4 | | URIAL, CREMATION, REMOVAL | | | EMETERY OR CREMATORY | 23d LOCATION | - COUNTY | TATE |
| 165 | В | urial | 10/27/87 L | incol | n Memorial | | nd, P.G. M | |
| 18 60M 7-84 | | INERAL DIRECTOR | ADDRESS | | | | 256 REGISTRAR'S SIGNAT | |
| VRA 15. 4) | R | .N. Horton Co | . Inc 600Ke | nnedy | St. N. WNOV | 03 1987 | aulia Dividioni | Kandallo |

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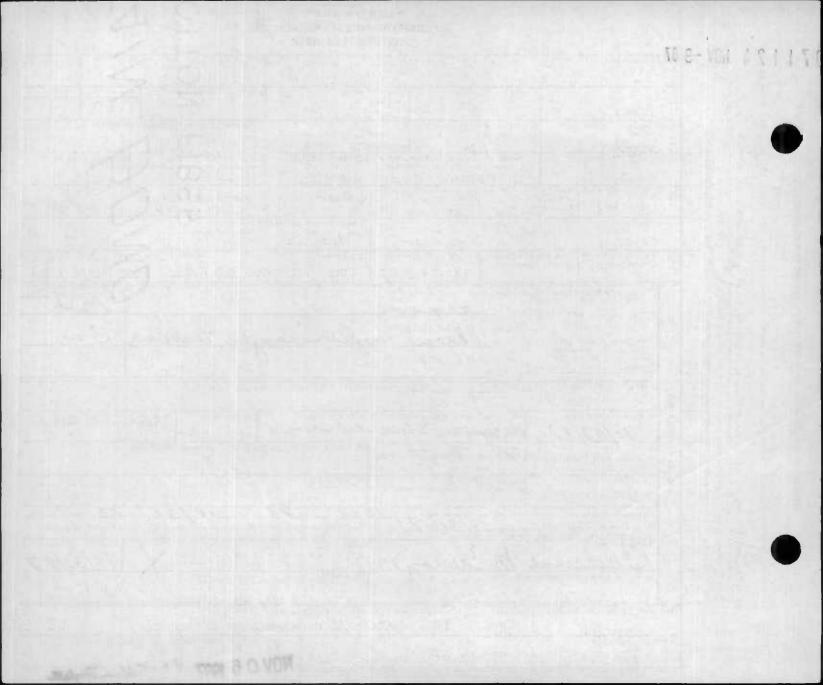
DHMH 16 60M 7 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGENE

| 1. | FOR STATE REGISTRAR | | | | ICATE OF DEATH | REG. NO | 7 : : 3 |
|---------------|---|---------------------------------|------------------------------|----------|---------------------------------------|------------------------------------|--|
| | CEASED NAME FIRST | MIDDI | l E | l. | AST | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| TIAN | | gene | R. | Ha | +field | 10 | 15 1987 4:35pm |
| 3 SE | | 4 RACE | | 5 DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY) | IF MOER YEAR IF UNDER 1 HRY |
| | Female | White | | Jan | | 39 | RS MONTHS BATS HOUR MIN |
| | IRTHPLACE ATE OF FOREIGN | 76 CITIZEN OF WH | AT COUNTRY? | 8 | | 9 BALTIMORE CITY OR COL | |
| | Virginia | 77 | .S.A. | WIDOWE | D NEVER MARRIED L | Montgomery | County MD |
| 10 C | ITY OR TOWN OF DEATH | 11. NAME OF HOS | SPITAL, NURSING | HOME | OR OTHER INSTITUTION | 17a USUAL OCCUPATION | |
| | ockville | 13923 T | ravila | n Ro | ad 20850 | Assistant | lutual |
| 13a : | | | E RESIDENCE BEFORE A | | 136 INSIDE CITY LIMITS? | | CODE Llan Rd. 20850 |
| 14 F | ATHER'S NAME FIRST COSMO | MIDDLE | Palmer | r | 15 MOTHER'S MAIDEN NA | ME AIDDLE LUNICO | e Sioan |
| | WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES G | IVE WAR OR DATES! | SOCIAL SECUR | | 17 INFORMANT JOYCE A. 27 School | Nicholson (s | sister 20878 sburg, Md. |
| Z | gave rise to immediate couse 101, stating the underlying couse last | (() | S A CONSEQUEN | | NOT RELATED TO THE TERM | ninal disease or condition | GIVEN IN PART 1 a |
| CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITIO | ON FOR WHICH C | PERATIO | N WAS PERFORMED | 200 AUTOPSY? 206 IN CI | F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{NO} \) |
| | 21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI | EATH HOUR A.M. | njury Month day | YEAR | 21L HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITE | M B PART : OR PART 2 |
| MEDICAL | 214 INJURY OCCURRED | 21e PLACE OF (AT HOME STREET | INJURY FACTORY OFFICE FAR | RM ETC) | 211 LOCATION STREET | (ITY OR TOWN | COUNTY |
| | saw the deceased alive a | Dept. a | 24 2 19 8 | 7.0 | nd that in (my) (autropinion | death occurred on the date and | d hour and from the causes stated |
| | Tules | RO | brit | 7 | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 18/16/87 |
| | THE PHYSICIAN'S NAME (TYPE | GRADINI LOCIS | 5-1-1 | | 2901- 0 | LNE 1-Sanda | SpRd OLNEYI |
| | BURIAL CREMATION, REMOVA | L 236 DATE | 23¢ N | AME OF C | EMETERY OR CREMATORY | 23d LOCATION | |
| | (SPECIFY) Burial | 10/20/8 | 37 Bi | rch | lawn Burial | CITY OR TOWN | sburg, Vir ini |
| 24 F | UNERAL DIRECTOR COLO | | . 17. | | 21 0.11 | Jark Leari | Sburg, Vir Ini |



(VR A15 ME (5))

OCT7,1987

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

GATE OF HEAVEN CEMETERY SILVER SPRING MONTGOMERY MD

24 FUNERAL DIRECTOR FRANCIS J. COLLINS, JR. 500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

BURIAL

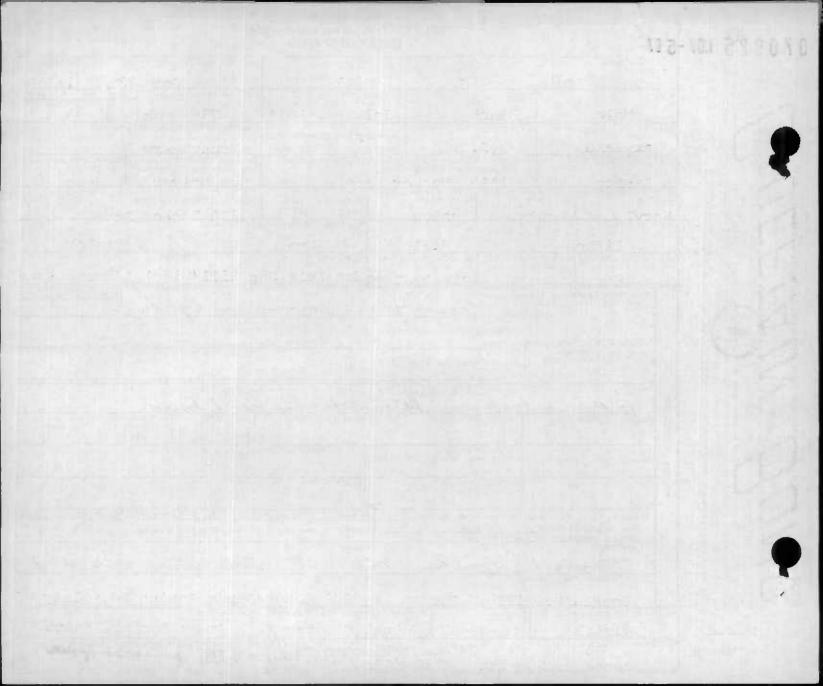
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH

| D | c | - | N.I | 1 |
|----|---|---|-----|---|
| 71 | | S | N | |

| | 20 | REGISTRAR | | | CE11111 | TOTAL OF D | FW111 | REG NO | 0 | | | |
|---|---|---|------------------|--|---------------------------------------|--------------|-------------|---------------------------------------|---------------------|------------------------------|----------------------------------|--|
| 1 | | DECEASED NAME FIRST MIDDLE | | | LAST | | | 20 DATE OF DEATH MONTH DAY YEAR 26 HC | | | 25 HOUR | |
| | | Edwin G. | | | Hill Hill | | | | oct | 23,,87 | 1:30AM | |
| | 3 SEX | SEX 4 RACE | | | 5 DATE OF BIRTH | | | 6 AGE (IN YEARS LAST BIR | THDAYI | IF UNDER YEAR | HOURS MIN | |
| | | Male | Blac | | Ju] | Ly 14, | 1914 | 73 | YRS | | | |
| | | RTHPLACE INTATE OR FOREIGN | | WHAT COUNTRY? | MARRIE | DE NEVER A | ARRIED - | 9 BALTIMORE CITY O | R COUNT | TY OF DEATH | | |
|) | | Maryland | U.S | | WIDOWE | D DIV | ORCED | Montgor | | | MD | |
| 1 | 10 CI. | TY OR TOWN OF DEATH | | HOSPITAL, NURSING H FACILITY, GIVE STREET A | IG HOME OR OTHER INSTITUTION ADDRESS) | | | 12a USUAL OCCUPATI | | (IND OF BUSINESS OR JSTRY | | |
| - | | Ashton | 112 | | | ine | | Bus Driv | ver | No | ne | |
| | 13a S | AL RESIDENCE (IF NURSING HOME OF | | 134 CITY OR TOWN | | 13d INSIDE C | TY LIMITS? | 13e STREET ADDRESS | ZIP COI | DE S | 0561 | |
| 2 | | ryland Mon | tg. | Ashton | | YES . | NO 🗌 | 1120 Tuc | cker | Lane | | |
| 1 | I4 FA | THER'S NAME FIRST | MIDDLE | LAST | | | MAIDEN NAM | WIDDIE | | LA | 51 | |
| 1 | | Clifton | | Hill | | | Eva | | | Task | er | |
| 7 | | VAS DECEASED EVER IN U.S. AF | MED FORCES? | 166 SOCIAL SECUR | | 17 INFORMA | | ADDRE | | | | |
| 17 | | No 214-12- | | | | Mrs L | ula Ma | ae Hill (Wi | ife) | | | |
| N | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE | ly one cause per | line for o . 'b , and | Lic | | | 0 | . 1 | BETWEEN | MATE INTERVAL ONSET AND DEATH | |
| | | | TE CAUSE (a) | Broucho | zem | c c | uncen | orna lef | - lu | ing- | | |
| | | | DUE TO, O | R AS A CONSEQUE | NCE OF | | | V | (| | | |
| | | Conditions, if ony, which | (b)_ | | | | | | | | | |
| | gove rise to immediate cause of stating the underlying couse last | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | _ | PART 2 STHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO D | EATH BUT | NOT RELATED | TO THE TERM | INAL DISEASE OR CON | DITION G | IVEN IN PART 1 | a | |
| | CERTIFICATION | Brown no | etas fa | 2000 lle | eteri | 55cles | | | last. | | | |
| 7 | ICA | 190 DATE OF OPERATION 196 CONDITION FOR WHICH | | | | N WAS PERFO | RMED | 20a AUTOPSY? | 20b IF Y IN CERT | ES, WERE FINDING | OF DEATH? | |
| | RTF | | | | | | | YES NO | | YES | NO 🗌 | |
| 2 | | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | 110110 | FINJURY M. MONTH DA | Y YEAR | 21¢ HOW IN | JURY OCCURR | ED (ENTER NA TRE OF INJUI | RY IN ITEM IS | PART OR PART | | |
| | CAL | LIFEITHER NOTIFY MEDICAL EXAMINE | | M. | 19 | | | | | | | |
| | MEDICAL | 21d INJURY OCCURRED | 21e PLACE | OF INJURY BEET FACTORY OFFICE FA | ARM ETC) | 21f LOCATIO | N | CITY OR TO | WN | OUNTY | INTATE | |
| | - | A' WORK A' WORK | | | | | | | | | | |
| - 1 | | 22a I certify that (I) (this hosp | 10 | e deceosed from | 87 | Ken | 19.07 | . 10 |) = 1 | 198 | that I wellast | |
| sow the deceased alive an 19 19 37 and that in (my) (www.) opinion death occurred on the date and hour and from the above (1) (web-chd (did not view the body after death | | | | | | | | | | | | |
| | | 22b Inchant In E | . (|)= 00 | , | DEGREE | TTENDING | 115DIC 11 STAT | | 221 DATE | | |
| | | med | 2 6 | Allu | n | F | | MEDICAL STAF KDIRECTOR PHYSIC | IAN | 260 | 0487 | |
| | | 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS | | | | | | | | | | |
| | | Donald E. | Dillon | M.D | | 2901 | Olney | -Sandy Sp | ring | Rd, O | lney Md | |
| | | BURIAL, CREMATION, REMOVAL | 236 DATE | 23c N | AME OF C | EMETERY OR C | REMATORY | 23d LOCATION | | • DUNTY | . STATE | |
| | | Burial | 10-2 | 9-87 Mi | ıtua: | l Ceme | | Sandy | | - | ontg, Mc | |
| | 24 FL | UNERAL DIRECTOR | | 246N W W W | ashi | ngton | St 250 DATE | REC D BY REGISTRAR | 25b REGI | STRAR'S SIGNA | URI | |
| | | George R. S | nowden | Rocky | ville | e, Md | 1901 | 2 901 | U | | A. | |
| | | | | | | | | | | | | |

DHMH 16 60M 7/84 (VRA 15, 4)

BP



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYOTENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR 0 6 8 5 5 4 OCT 14 OFFICE ASED NAME 20 DATE OF DEATH MONTH John 7h HOUR Himchak 3 SEX 4 RACE 5. DATE OF BIRTH YEAR MALE YRS TO BIRTHPLACE INTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTRY Penn. Montgomery WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE ! Takoma Park Washington Adventist Insurance Broker-Employed USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE S.S. 8505 Mayfair Place Md. Mont YES X NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE John Suche Himchak Anna 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 189 20 1853 Ann M. Himchak (Wife) Same as 13E Yes WWIT 18 CAUSE OF DEATH Enter only one cause per line far Ia , (b) and Ic I CARDIONESPURETORY week IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Cardiogenic 540c 1 Conditions, if ony, which gave rise to immediate cause a, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last Myocardia TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 71d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY ITY OR TOWN AT HOME STREET FACTORY OFFICE FARM, ETC T STREET WHILE NOT WHILE 270 1 certify that (1)(this hospital) attended the deceased from September 23 19 87 to saw the deceased alive on 0 + 7 above ((1)) we'll (fid) (did not) view the bady after death and that in (my) (our) opinion death occurred an the date and hour and from the causes stated 226 SIGNATURE DEGREE ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 27e ADDRESS arrell Ave 7600 230 BURIAL, CREMATION, REMOVAL St. MECHAENTERY OF CHEMATORY 23b DATE Burial 10/9/87 Sheffield, Penn. Catholic Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

Hines Rinaldi 11800 New Hamp. Ave. S.S. Md.

SO DATE REC D BY REGISTRAR 250 REGISTRAR S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| - | NEO ISTAN | | | | REG NO | | | | | | |
|---------------|---|--|--|-------------------|--|-------------|-----------------|-----------------|--|--|--|
| | CEASED NAME FIRST | WIDDLE | LAST | | 20 DATE OF DEATH | HINOM | DAY YEAR | 26 HOUR | | | |
| | MARY | - Louise | HINES | | | 0- | 17-87 | 5:00 B | | | |
| 3 SE | | 1 RACE | 5 DATE OF BIRTH | YEAR | 6 AGE LIN YEARS LAST BIRT | HDAY | 1 WHE YEAR | HORS MIN | | | |
| | FEMALE | WHITE | 10 19 | 04 | 82 | YRS | | | | | |
| 7a B | IRTHPLACE ATE OR FOREIGN COUNTRY | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVERA | MARRIED - | BALTIMORE CITY O | - | | | | | |
| Wa | shington, D. C. | U.S. | | VORCED | MONTGO | MER | 14 | Λ | | | |
| 10 C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING | | ITUTION | 120 USUAL OCCUPATION TYPE OF WORK FOR MOST O | | | F BUSINESS C | | | |
| 0 | DLNEY | BROOKE GRO | and the same of th | | Management C& | | | P | | | |
| U5U. | AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN | OTHER INSTITUTION GIVE RESIDENCE BEFORE A | | ITY LIMITS? | 13e STREET ADDRESS / | ZIP COD | F | 20832 | | | |
| Ma | ryland . Montg | | YES 💢 | NO 🗌 | 17729 Quee | | | | | | |
| | ATHER'S NAME | AIDDIE LAST | 15 MOTHER S | MAIDEN NAA | NE MIDDLE | | | | | | |
| | JOHN | MCMAHON | 1 611 | LIAN | | | CASSI | DY | | | |
| | WAS DECEASED EVER IN U.S. ARI | MED FORCES? 166 SOCIAL SECUR | | | ADDRE | 55 | | | | | |
| No | TES INC OR GINKINOWING THE TEST OF | 577-01- | 2840 Mary 1 | . Mowa | tt Daughte | n S | amo as | 13 | | | |
| | 18 CAUSE OF DEATH Enter on | y one couse per line for a b, and | 10 | | | | | MATE INTERVAL | | | |
| | | E CAUSE (a) My Ocard | IN Infe | arction | ^ | | | | | | |
| | IMMEDIAL | CAOSE (d) | | | | | | | | | |
| | DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| | Conditions, if ony, which gave rise to immediate | | | | | | | | | | |
| | couse o, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last | | | | | | | | | | |
| | (c) | | | | | | | | | | |
| z | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO | | | | | | | | | | |
| CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED | | | 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED | | | | | | |
| FICA | 196 DATE OF OPERATION | 198 CONDITION FOR WHICH C | PERATION WAS PERFO | KMED | IN CERTIFYING C | | FYING CAUSES | AUSES OF DEATH? | | | |
| E | | The Thirt of Millipy | 121 11011111 | TURN OCCURA | YES NOW | | S 📗 | NO [] | | | |
| | 210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA | 216 TIME OF INJURY HOUR A.M. MONTH DAY | YEAR THOWIN | JUKY OCCURR | ED ENTER NAT RE R | TIN LM B | PAR ORPAR, | | | | |
| N V | (IF EITHER NOTIFY MEDICAL EXAMINER | PM | 19 | | | | | | | | |
| MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FAR | 211 LOCATIO | N | CITY OR TO | WN | COUNTY | MIATE | | | |
| < | AT WORK AT WORK | | | | | | | | | | |
| | 220.1 certify that (1) (this hospit | 117-16 | 6-15 | _, 19 87 | to 10 - 17 | | 1987 | that (we) k | | | |
| | sow the deceased olive on abave (1) (we) (did) (did no | view the body after death | ond that in (by) | (aur apinion d | eoth occurred on the do | ite and hou | or and from the | couses stated | | | |
| | 22b SIGNATURE | 11. | DEGREE | | | | 221 DATE | SIGNED | | | |
| | 770 | ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 10-17-8 | | | | | 17-87 | | | | |
| | 224 PHYSICIAN'S NAME (TYPE O | 22e ADDRESS | | | | | | | | | |
| | TEN F | HOWE | N | NEY | MARY | IAN | 1 | | | | |
| 22- 5 | CECO C | | AME OF CEMETERY OR C | S D S L L S O D L | 23d LOCATION | CATO | | | | | |
| - | BURIAL, CREMATION, REMOVAL | | | | (ITY OF TOWN | | COUNTY | TATE | | | |
| | urial | Oct. 20, 1987 Arl | ungton Nati | onal | Arlington | A. D. D. | Vir | ginia | | | |
| | | is J. Collins Jr | | " A | REC D BY REGISTRAR | TEKA DO | | mosel | | | |
| 51 | 00 University B | Rud. W. Silver Sp | ring. Md. 20 | 1901 | 44 1301A | | | | | | |

DHMH 16 60M 7/84

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN The law retained by the haspital ar attending physician

BP.

DHMH = 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYDIENE

| | REGISTRAR | | | | CERTIF | FICATE OF DEATH | REG. NO | | | | |
|--|--|-------------------------------|--------------------------------|------------------|--------------------|---|---|------------------------|-----------------------------|--|--|
| OCTO | CEASED NAME | FIRST | | MIDDLE | i | ASI | | ONTH DAY YEAR | 26 HOUR | | |
| 4 | DALE | O HITCHCOCK | | | | 10/24/87 | | 4:20 | | | |
| 3 | SEX | | 4 RACE | | 5 DATE C | 2 4 1 / | 6 AGE (IN YEARS LAST BIRTH | DAY) IF UNDER I YEAR | | | |
| | Male | | White | | Jan | | 35 | YRS DATS | HOURS M | | |
| 70 | BIRTHPLACE | E OF FOREIGN | 76 CITIZEN OF WHAT COUNTRY? 8 | | | | 9 BALTIMORE CITY OR | 1110 | | | |
| | Wast Wins | USA | | WIDOWE | D NEVER MARRIED LI | Montgome | ry | | | | |
| West Virginia | | | | HOSPITAL, NU | RSING HOME | OR OTHER INSTITUTION | 12a USUAL OCCUPATIO | | OF BUSINESS | | |
| | Rockville | 9 | SHADY | GROVEST | | NTIST HOSE | Laborer | | caping | | |
| U: | SUAL RESIDENCE (# | | ROTHER INSTITUTION | | EFORE ADMISSION | | | | Cuping | | |
| | arvland | Mon | tgomerv | German | | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS / 17410 Black | | 20874 | | |
| | FATHER'S NAME | MOII | | | II CO WII | 15 MOTHER'S MAIDEN NA | ME | | | | |
| 7 | Buel | C1 | avton | Hito | hcock | Nellie | Trans | | nnot+ | | |
| 160 | a WAS DECEASED E | VER IN U.S. AF | RMED FORCES? | 16b SOCIALS | | 17 INFORMANT | June ADDRES | | rrett | | |
| | TYES NO OR UNKNOWN | (IF YES GI | 219-54-611 | | 4-6110 | Buol C Hi | tahanala Gam | Germantown, Maryland | | | |
| ′ ⊨ | NO NO | 5 A 7 1 1 5 . | 1 | • | | Duet O. III | denedek, der | | XIMATE INTERVA | | |
| | PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) COCO O VUSCULON COLLAPSE | | | | | | | | | | |
| | | IMMEDIA | TE CAUSE (a) | - (x1 0x 1 | 0 40000 | 1001 00110 | | | | | |
| 2 | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 | | | | | | | | | | |
| Z | 190 DATE OF OP | | 196 CONDITION FOR WHICH | | ICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? 200 IF YES, WERE FIN IN CERTIFYING CAUS YES NO YES | | DINGS USED SES OF DEATH? | | |
| 3 | 210 ACCIDENT WA | S UNDERLYING | | | | 21c HOW INJURY OCCUR | RED LENTER NATURE OF INJURY | | | | |
| 7/2 | OR CONTRIBUTING | | | | | 19 | | | | | |
| / 300 | 21d INJURY OC | | 21e PLACE | OF INJURY | | 211 LOCATION | CITY OR TOWN | Y COUNTY | STA | | |
| 1 | WHILE NO | I WHILE | (AT HOME ST | REET FACTORY OFF | ICE FARM ETC.) | SIREE | EIII OK IOW | | | | |
| | | | ital ottended th | e deceased fro | om 0 C+- | 21 19 8 3 | | | that () (we | | |
| 270 I certify that (I (this haspital) attended the deceased from 0 (t 2) 19 5 to 0 (t saw the deceased at ve an 0 (t 2) 19 5 to 0 (t and that in m) (our) apinion death occurred on to obove, (I) (we) (did (did not) view the body after death 120 SIGNATUPE DEGREE | | | | | | | | e and hour and from th | e causes state | | |
| | | | | | | | | 22c DAT | ESIGNED | | |
| | Well | 000 | Notural MD ATTENDING PHYSICIAN | | | MEDICAL STAFF DIRECTOR PHYSICIAN 10-24.87 | | | | | |
| 1 | 224 PHYSICIAN | SICIAN'S NAME (TYPE OR PRINT) | | | | 22e ADDRESS | | | | | |
| | ALISO | IN N | JUMS | | | 14915 1300 | school Rd. | Rockuille | , M2 | | |
| 73 | Burial, CREMATI | on, removal | 23b DATE | | 231 NAME OF | EMETERY OR CREMATORY | 23d LOCATION | COUNTY | STAT | | |
| | Buria | 1 | Oct. 2 | 27.1987 | Monoc | asy Cemetery | Beallsvil | le Mont. | Md. | | |
| | 24 FUNERAL DIRECTOR | | | | | | TEREC P BY REGISTRAR 2 | | | | |
| 84 | Barber Fr | ineral | Home La | avtonsv | ille. M | d. 20879 | 0 4 0 1907 | 6 | | | |

0 7 0 1 7 5 00T 29 07

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE REGISTRAR 20 DATE KNOWN TO DECEASED NAME DEATH MATED Donald Leslie 4 RACE AGE IIN YEARS IF UNDER 1 YR IF LINDER 24 HRS DATE PRONOUNCED Male White 27. 1912 June DEAD 10/16/ 1987 Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN O NTRY) U.S.A. 10 CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Suburban Hospital Bethesda Officer Military 30 STATE 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MD Bethesda Mont. 5600 Knollwood A FATHERS NAME 15 MOTHER'S MAIDEN NAME Leslie Hitchings Grace Sleeper 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. DIVISION (IF YES, GIVE WAR OR DATES) 209-05-4624 Yes. Charlotte M. Hitchings Same as # 13 18 CAUSE OF DEATH (Enter only one couse per line for (a). (b), and (c APPROXIMATE IN TRVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-WRITING THE WORD "PENDING" IN PE ARABED TO THE CHIEF MEDICAL EXAM AGE 3 SHOULD BE USED AS A BURIAL." ATE DEPARTMENT OF HEALTH AND MEI 1201 PRÍOR TO BURIAL, CREMATION, C lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ... 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY THE HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDER TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET FACTORY FARM FIC I WHILE AT WORK CITY OF TOWN COUNTY 220 I certify that I took charge of the remains described above, held an death resulted from Accident Undetermined manner SIGNATURE EXAMINER'S NAME WISCONSIN TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL Burial 10/21/87 Arlington Nat'l. Cem. Arl. VA 07 84 24 FUNERAL DIREGOSEPH Gawler's Sons, Inc. 250. DATE REC'D BY REGISTRAR 256 REGISTRAR SESIGNATION OF THE PROPERTY OF THE DHMH 17 5130 WI Ave. NW Wash., DC 20016 (VR A15 ME (5))

10 63 180 M G 1 0 5 A

-saling

Inle Wilto Come 22, 1912 VS

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None South State of South State of South State of State o

would like

Fitchings Gwoe 7 6 6

W II 209-05-624 Carlotte 1. Hitchings Jone 08 13

Buring 10/21/87 Addition While Lone up 10. WA

Year

Joseph Gewler's Jone, Inc.

SING NI AME. THE STATE OF STATE

DHMH = 16 60M 7/B4

(VRA 15. 4)

Lee's Crematory Washington, D.C. 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 4 J. William Lee's Sons Company 300 4th St. N.E. Washington, D.C. 20002 - LUNCO STORA

STATE OF MARYLAND

26 HOUR

Zandt

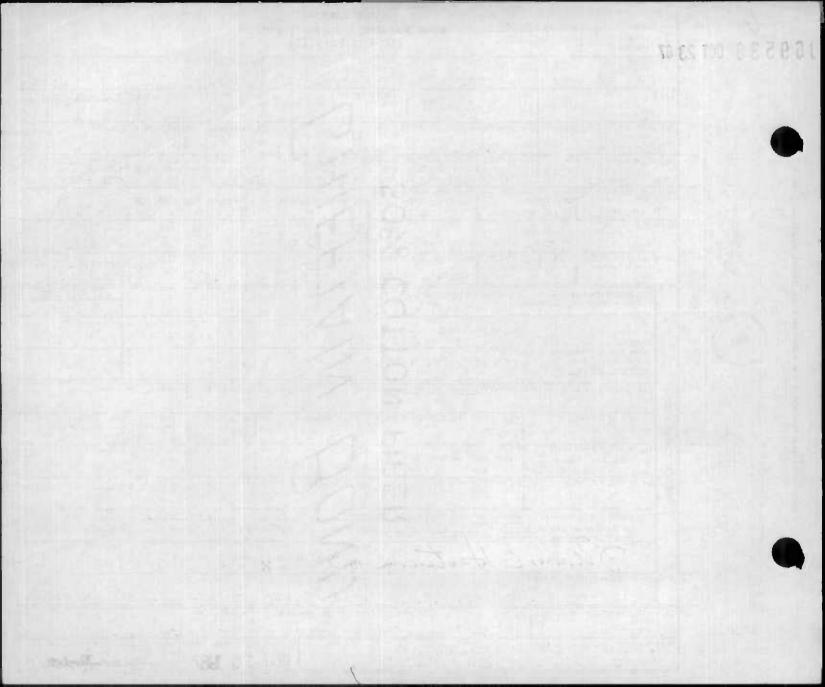
l Year

2 Years

22E DATE SIGNED

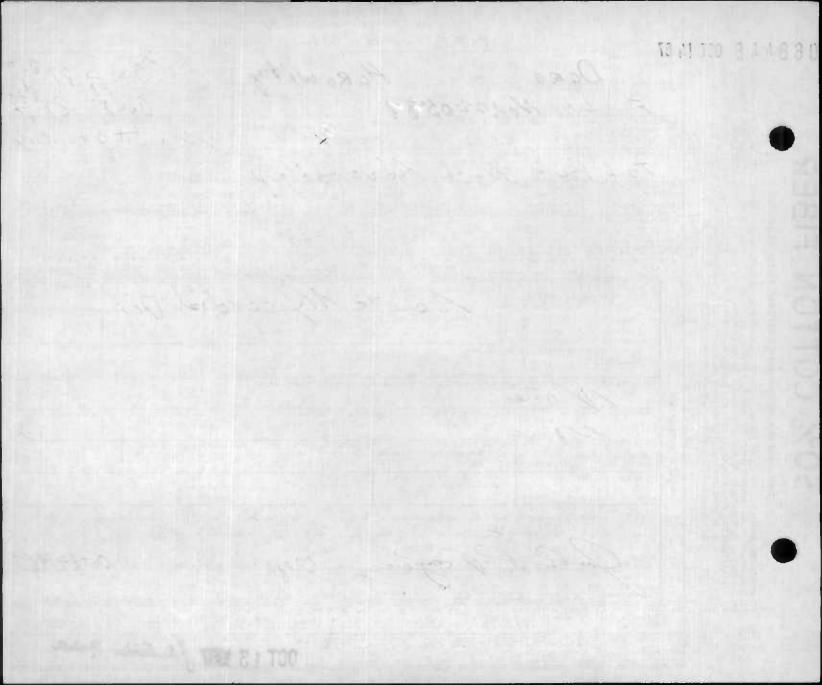
October 10, 1987

8:20AM



STATE OF MARYLAND

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME DEATH MATE IF UNDER 1 YR. IF UNDER 24 HRS DATE DEAD 9 BALTIMORE CITY MARRIED NEVER MARRIED S. C. USA O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 14 FATHER'S NAME David Holt Maria Luz Mosquera 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 016-12-4835 Maria L. Mosquera/Ex Wife/7671 Taytonia Dr., Gaithersburg APP Motor E INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Hemoryhage Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T. 0 ED AS A F CERTIFICATION WRITING THE WORD "PE WARDED TO THE CHIEF A PAGE 3 SHOULD BE USED." TATE DEPARTMENT OF HE. 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY CITY OR TOWN WHILE AT WORK AT WORK Inspection TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE BALTIMORE, MARYLAND, 220 I certify that I taak charge of the remains described above, held an and in my opinian Natural causes death resulted fram. Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER EXAMINER B NAME ADDRESS 230 BURRAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 10-20-87 Arlington National 17 84 DHMH 17 John T. Rhines Co., 3015 12th St. N (VR A15 ME (5))



STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 2 87 STATE REGIST | | | | CERTIF | EALTH AND MENTAL HYD | REG. NO | |
|---------------------------------|--|---|------------------------------------|-----------|--|--|--|
| 1 DECEASED I | | | MIDDLE TT. | | AST | 20 DATE OF DEATH | MONTH DAY YEAR 26 HOUT |
| | HAF | | N. H | OWARD | | (9 | 44 ST 213 |
| 3 SEX Mal | .e | 4 RACE White | | 5. DATE (| | 6 AGE LIN YEARS LAST BIRTH | MONTHS DATS HOURS |
| 7a BIRTHPLAC | E A SATE OR FOREIG | N 76 CITIZEN OF | WHAT COUNTRY? | 8 | | 9 BALTIMORE CITY OF | YRS R COUNTY OF DEATH |
| COUNTRY) | | U.S.A | | MARRIE | DE DIVORCED DIVORCED | MONTGOMERY | COUNTY |
| | OWN OF DEATH | 11. NAME OF | HOSPITAL, NURSIN | IG HOME C | OR OTHER INSTITUTION | 120 USUAL OCCUPATIO | ON 126 KIND OF BUSINES |
| BETHES | SDA | CARRIA | GE HILL | BETHE | SDA | | Service State De |
| USUAL RESIDI 130 STATE MD | 13b | ome or other institution COUNTY font. | Beth. | | 13d INSIDE CITY LIMITS? YES X NO [] | 13e STREET ADDRESS / 6508 Gree | zip CODE n Tree Rd. 20817 |
| 14 FATHER'S N | JAME IRST | WIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | ME | LAST |
| | pheus | M• | Howa | | Lois | | Foster |
| 160 WAS DEC | | S ARMED FORCES? | 166 SOCIAL SECU | | 17 INFORMANT | ADDRES | 22090 |
| No | | | 106-30- | 4900 | Norman Howa | rd 11500 Fai | rway Dr. Reston, |
| o A | OTHER SIGNIFIC DVANCE E OF OPERATION | -D BARKI | NSONS | DISE | ASE AND ORON WAS PERFORMED | THE CONTRACTOR OF THE CONTRACT | SYPROME 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO |
| 21a ACC | IDENT WAS UNDERLY | 110110 1 | FINJURY M. MONTH D | AY YEAR | 21¢ HOW INJURY OCCUR | RED LENTER NATURE OF INJURY | VINITEM 18 PART 1 OR PART 21 |
| TIF EITH | RIBUTING CAUSE CAUSE CAUSE CAUSE CAUSE | OFDEATH | м. | 19 | | | |
| 21d INJ | URY OCCURRED | 21e PLACE (AT HOME STI | OF INJURY REET FACTORY OFFICE F | ARM ETC) | 211 LOCATION STREET | CITY OR TOW | VN COUNTY 31 |
| saw | the deceased al | hospital) attended the | 7 00 1 | 7 | nd that in (my) (our) opinion | death occurred on the dat | 122 19 27 tho 11 we te and hour and from the causes star |
| 22b SIG | To a | Mysi | | N | | MEDICAL STAFF | F 10 8 |
| TIM Pres | RVING | MIZUS | mo | | | | OBC, BETHESDA, MI |
| (SPECIFY) | remation, rem Burial | 10/26 | 5/87 Re | ck Cr | eek Cem. | Wash D | |
| 24 FUNERAL I | DIRECTOR JOS | seph Gawler Ave. NW Was | sh., DC 2 | Inc. | - | | 156 REGISTRAR'S SIGNATURE |

DHMH 16 60M 7/B4 (VRA 15, 4)

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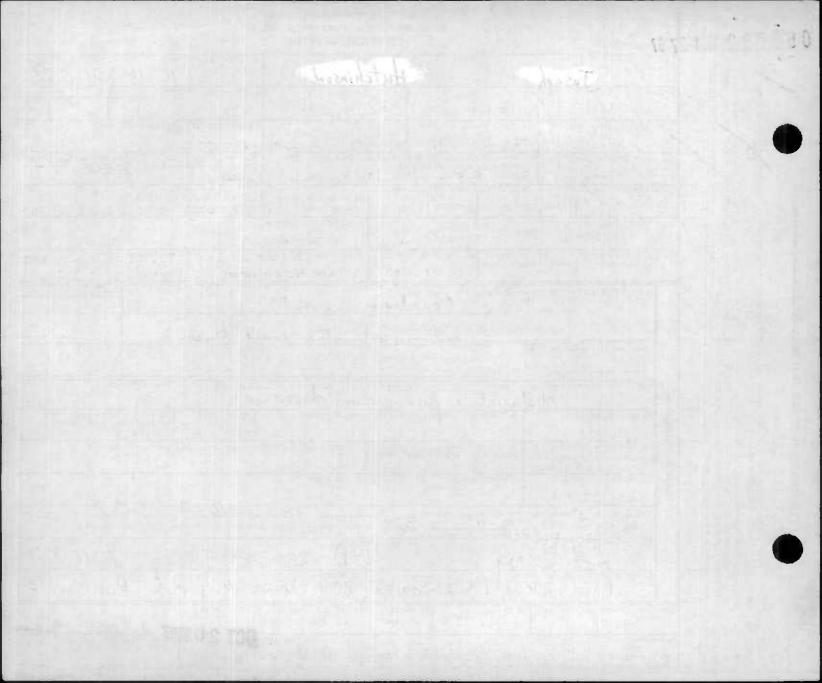
(VRA 15, 4)

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYBIENE CEDTIFICATE OF DEATH

| 2718 | STATE REGISTRAR | | DEPAR | CERTIF | ICATE OF DEATH | REG. N | 0. | | |
|-------------|---|---|--|-------------------------------------|---|--|--------------|------------------------------|--|
| | CEASED NAME | FIR' | MIDDLE | () | AST. | 20 DATE OF DEATH | MON H L | AY YEAR | 26 HOUR |
| 1177 | J. | oseph | н. н | lutchin | son | | 10 16 | 87 | 13 AM M |
| 3 SE | X | 4 RACE | | 5 DATE C | | 6 AGE (IN YEARS LAST BE | RIHDAY | IF INLIER I YEAR | IF UNITER A HE |
| | Male | Caucas | ian | Jul | y 9, 1909 | 78 | YRS | NTrr ,,Ar | HOUR MIN |
| 7a B | IRTHPLACE THATE OR FO | DREKON 76 CITIZEN O | F WHAT COUNTRY | ? 8 | Пигитааата П | 9 BALTIMORE CITY | - | OF DEATH | |
| Ma | aryland | United | States | WIDOWE | DI NEVER MARRIED DI DIVORCEDXIXI | Montgome | rv | | MD |
| | Rockville | Shady | Grove Ad | ING HOME C ET ADDRESS) Ventís | t Hospital | 120 USUAL OCCUPAT ITYPE OF WORK FOR MOST Plumber | ION | TOCAL ISP KIND C | Frankers #5 |
| 130 Ma | aryland | ng home or other institution 136 COUNTY Montgomery | 130 CITY OR TO | WN I | YES 🛛 NO 🗌 | 13e STREET ADDRESS 422 North | | rs Lane | 20850 |
| 14. F | ATHER'S NAME Dallas | MIDDLE | Hutchins | | 15 MOTHER'S MAIDEN NAM Beulah | MIDDLE | | Shaw | |
| 160 | WAS DECEASED EVER I | N U.S ARMED FORCES' (IF YES GIVE WAR OR DATES) | | | 17 INFORMANT Siste | r in law ^{ADDR} | 5721 L: | incoln | Way West |
| | NO | | 214 03 | 3353 | Lottie Hutch | inson Get | tysbu: | rg, PA | 17325 |
| NO. | Conditions, if ony, gave rise to imm cause in stating underlying cause | ediote the DUE TO, | OR AS A CONSEQUENCE CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | | | EN IN PART 1 | O |
| CERTIFICATI | 190 DATE OF OPERAT | ION 196 CON | DITION FOR WHIC | H OPERATION | N WAS PERFORMED | 200 AUTOPSY? | IN CERTIF | , WERE FINDIN YING CAUSES | |
| MEDICAL CER | 210 ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF CONTRIBUTION | AUSE OF DEATH AL EXAMINER) AL EXAMINER AL EXAMINER AL EXAMINER | OF INJURY A.M. MONTH [P.M. E OF INJURY STREET FACTORY OFFICE | 19 | 21¢ HOW INJURY OCCURR 21f LOCATION STREET | | | AR DRPAR . | TATE |
| | A WORK AT WOR | | | | | 12-16 | | 07 | |
| ١. | sow the decease | this hospital) attended dive on 16 - | 19 | 0 | d that in (my) (our) apinion o | death accurred on the c | ate and hour | | that I <u>(we)</u> last causes stated |
| | 226 SIGNATURE | Bury | | | | MEDICAL STA | | 10-(| SIGNED > |
| | 22d PHYSICIAN'S NA | 170cy | | synce | 809 URIR | is Mill 1 | 21 | Rock | ville |
| | BURIAL, CREMATION, F | REMOVAL 236 DIATEO | ctober 1987 F | NAME OF C | EMETERY OR CREMATORY Hill Cemetery | har Derwo | | Mary. | |
| | UNERAL DIRECTOR RO | BERT A. PUM c 300 West | PHREY & EUN Montgomer | NERAL H | IOME: | E REC'D BY REGISTRAF | 256 REGISTI | RAR'S SIGNAT | TURE |



rector page 3

FOR DEPARTMENT OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE * CERTIFICATE OF DEATH

REG. NO

| 13 8 | 1 55 | SE . SES | | | | | | T | REG. NO | | |
|-----------|---------------|-------------------------------------|-------------|------------------|--------------------------|-----------|-------------------------|--|-------------------|-------------------------|---|
| 10 0 | | CEASED NAME | FIRST | | MIDDLE | | AST | 2a. DATE OF | DEATH MONTH | DAY YEAR | 2b HOUR |
| | | | JAMES | Walt | er H | JICHIS | SON | | 10 | 4 87 | 3:54 pm |
| | 3 SE | X | | 4 RACE | | 5 DATE C | | 6 AGE INYE | ARS LAST BIRTHDAY | IF NOER I YEAR | HOURS MIN |
| | | · Male | | Caucas | ian | Augus | t 28, 1899 | 88 | YRS | | 1 |
| 8 10 | | IRTHPLACE (STATE OR FI | OREIGN | 16 CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED 5 | 9 BALTIMOR | E CITY OR COUN | TY OF DEATH | |
| 3 | | Virginia | | United | States | WIDOWE | | MONTGO | OMERY Cou | inty, | MD |
| 10 | 10 C | ITY OR TOWN OF DEA | | | | | OR OTHER INSTITUTION | 12a USUAL O | CCUPATION. | 126 KIND (| OF BUSINESS OR |
| 9 / | C | LNEY | | MONTGOM | ERY GENER | RAL HO | SPITAL | Admini | istrative | U.S. | Gov't. |
| - | | AL RESIDENCE IN NURSI | NG HOME OR | | GIVE RESIDENCE BEFORE | | 13d INSIDE CITY LIMITS? | Line STREET, AL | DDRESS / ZIP CO | | |
| 1 | | Maryland | | gomery | Silver S | | | | Bassett | | 20906 |
| 200 | $\overline{}$ | ATHER'S NAME | | | | | 15 MOTHER'S MAIDEN NA | | | | |
| 1 | | Thomas | | MIDDIE | utchison | | Frances | Ar | melia | Ad: | |
| 8 7 | | WAS DECEASED EVER | | MED FORCES? | 166 SOCIAL SECU | JRITY NO. | 17 INFORMANT | | PDP655 Bo | | |
| 1 | - (| YES NO OR UNKNOWN) | | E WAR OR DATES) | 353-22-3 | 3590 | Barbara A. Th | ompson | | | d. 20634 |
| 7 / | | 18 CAUSE OF DEATH | LEnter on | ly one couse per | | | 110 | | 32333 | | XIMATE INTERVAL |
| E. | | PART I DEATH W. | AS CAUSE | É CAUSE (o) | Cardio | 1 | exatory ar | rest | | 5 | mui. |
| ŭ, | | | IMMEDIAI | | | | 1 | 0,20 | 0 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 8 | | Conditions, if ony, | which | DUE TO, O | R AS A CONSEOU | | conomizeloce, | tic I | eukenu. | 1 / | man H. |
| 0 | | gove rise to imm | ediote | (6) | C-narma | | Committee Cay | The same of the sa | | | 11111111 |
| othe | | couse (a), stating underlying couse | lost | DUE TO, O | R AS A CONSE O UI | ence of | | | | | |
| 0 | | PART 2 OTHER SIGN | HEICANT | ONDITIONS CO | ONTRIBUTING TO I | DEATH BUT | NOT RELATED TO THE TERM | AIN AL DISEASE | OR CONDITION (| CIVEN IN PART 1 | |
| 5010 | Z | AH | 00/1 | " tetin | Mas lies | 2711 | | are | 0 | J17 E. V 18 V 1 V 1 (1) | 0 |
| NO WASTER | AT | 190 DATE OF OPERAT | ION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOF | | YES, WERE FINDI | |
| S - | CERTIFICATION | | | | | | | YES | NOX IN CER | TIFYING CAUSES | S OF DEATH? |
| ~ | SE SE | 210 ACCIDENT WAS UND | ERLYING [| | | | 21c HOW INJURY OCCUR | | S.M., | - | |
| E . | ¥ | OR CONTRIBUTING C | | | M. MONTH D | AY YEAR | | | | | |
| 1 | MEDIC | 21d INJURY OCCURR | | | OF INJURY | 19 | 211 LOCATION | | | | |
| pe | X | WHILE NOT WHI | ut 🗍 | (AT HOME ST | REET FACTORY OFFICE F | ARM ETC) | STREET | | ITY OR TOWN | TOUNTY | TAIE |
| e E | | 22a I certify that (I) | | all offended th | ne deedsed from | 91 | 14 10 87 | 10 | 10/4 | 10 87 | that it fue-last |
| 5 - 2 | | sow the deceose | d olive an | 10/3 | 2/ / 19 5 | 37/01 | nd that in (my) opinion | death accurred | on the date and h | | |
| E | | above, (I) (yes), (d | or) Idid no | 1 New Moroody | deoth. | | DEGREE | | | The DATE | SIGNED |
| ± ± | | 11.11 | 18 | 1 | death | 71. | ATTENDING . | MEDICAL | STAFF | 10 | 1-100 |
| Z - / | | 22d MAICIAN'S NA | ME | Premis / P | THAT | | 22e ADDRESS | DIRECTOR | PHYSICIAN [| 1-/ | 2/07 |
| A A A | | // Jules | R. L | odish, | M.D. | | 2901 Olney-S | Sandy St | oring Rd | Olney. | Md.2083 |
| 1 | 23n F | BURIAL, CREMATION, I | | | | NAME OF C | EMETERY OR CREMATORY | 123d LOCAT | | J , | |
| | | Burial | LITTOTAL | 7, 19 | | | Cemetery | | RIOWN | COUNTY TITLE | rginia |
| | 24 FI | | nhert | | | | a/ | | GISTRAR 75 REC | | n dilla |
| 7/84 | Вę | thesda-Che | vy Ch | ase, T | nc. ADDRES | Maran | oci | 0919 | 37 Juna | and area - al- | - |
| | _/ | 557 Wiscons | OIII A | ve. B | ethesda, | TIGLYI | and | | 0 | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending 11 provides be detached for use as the buriol-transit permit. Then please remove corban pagnitum, with the State Dept of Health and Mental Hygiene prior to buriol, cremation or immittal.

188 80 TOB

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1683 | 1 4° 001 | T 13 | 87 | FOR STATE REGISTRAR | | DEPART | | EALTH AND MENTAL HYG | REG. NO | 7 | , |
|--|---|----------|---------------|--|-----------------------------|--------------------------|-----------|--------------------------------|--|----------------------------------|-----------------|
| | | | | CEASED NAME FIRST | | MIDDLE | 1 | AST. | 20 DATE OF DEATH MONTH | DAY YEAR | 26 HOUR |
| e | death | | (TYPE | ORPRINT) | | | 77 | 1- | Oataban 0/ 10 | 07 | |
| ò | de d | | 3. SE | Hoa | 4 RACE | 1 | 5 DATE C | ynh DE BIRTH | October 04, 19 | O / | 12:55ам |
| = | fte | - | J. JE | Male | Chine | se / | MONTH | | | W N R TAN | MC K MIN |
| 2 | \$3A. | Je ne | 7a 81 | RTHPLACE A MATE OR FOREIGN | 7h CITIZEN OF WHAT COUNTRY? | | | | 9 BALTIMORE CITY OR COUNT | Y OF DEATH | |
| 4 | 12 | 1 | (| China | | ina | MARRIE | DIXX NEVER MARRIED DIVORCED DI | | | |
| - 6 | 灯音 | X | 10 C | TY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURSIN | IG HOME C | OR OTHER INSTITUTION | Montgomery C | 126 KIND C | OF BUSINESS OR |
| 10 | 100 | m | (| Gaithersburg | | Quince Or | | Blvd.#33. | (TYPE OF WORK FOR MOST OF WORKING E | INDUSTRY Non | |
| 212 | 540 | - | USU/ 130 S | AL RESIDENCE (IF NURSING HOME COTATE 136 COU | ROTHER INSTITUTION | 136 CITY OR TOW | | 13d INSIDE CITY LIMITS? | 13. STREET ADDRESS / 7IP COL | E #33 | |
| BALTIMORE. MARYLAND 2120 | 道数5 | Lca | M | | gomery | Gaithers | | YES NO | 801 Quince Orcl | hard"BIv | vd./20878 |
| RYL | TE | pe | 14_FA | THER'S NAME | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | ME MIDDLE | 1.45 | |
| W T | 710 | F | | Can | | Huynh | | Not A | vailable | LA | |
| ORE. | Se S | 9 5 | | VAS DECEASED EVER IN U.S. A | RMED FORCES? | 166 SOCIAL SECU | IRITY NO | 17 INFORMANT (Wife |) ADDRESS | | |
| TIMO | Pod | puty | | No | _ | 217 04 9 | 063 | Can Luu Huynh | | | |
| BAL1 | secret spers | Del | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | nly one cause pe | er line for rat, (b , an | dicil | | | | ONSET AND DEATH |
| | on poly | (1) | | | TE CAUSE (0) | Respira | atory | Failure | | 2 we | eks |
| NO E | corb | Mayl | | | DUE TO, O | OR AS A CONSEQUE | ENCE OF | | | | |
| deo | otte | Ma | | Conditions, if any, which | (ıb)_ | Metasta | atic c | ancer to both | lungs | | |
| , P | the remo | . · | | couse for, stating the | DUE TO, O | OR AS A CONSEQUE | | | | | |
| y that | d by lease | C | | underlying cause last | (c)_ | Squamou | ıs cel | l carcinoma o | f larynx | | |
| S, 2 | en p | cis | z | | | | | | INAL DISEASE OR CONDITION GI | VEN IN PART T | α |
| ORO | t Th | | 10 | | | | | Chronic Trac | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., | os be ermi | Fra | CERTIFICATION | 190 DATE OF OPERATION | 196 CONE | DITION FOR WHICH | OPERATIO | N WAS PERFORMED | IN CERT | ES, WERE FINDIN IFYING CAUSES | |
| TA! | te he | Z T-1 | E | 710 ACCIDENT WAS UNDERLYING | 7 715 71545 | OF INJURY | | 2). HOW IN HIP OCCUPA | 34- | ES [| NO 🗍 |
| Z X | ifica tract | · · | | OR CONTRIBUTING CAUSE OF DE | | A.M MONTH D | AY YEAR | THE HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN HEM 18. | PAR' ORPARI, | |
| o z | his certifications of Mental | By | ICAL | LIFEITHER NOTIFY MEDICAL EXAMINE | | Р. М. | 19 | AN LOCATION | | | |
| ISIO HH | tend the b | D | MEDI | 21d INJURY OCCURRED | (AT HOME S | OF INJURY | ARM ETC) | 21f LOCATION | CITY OR TOWN | OUNTY | HIATE |
| N N | After of although the cost of | sed | | AT WORK AT WORK | | | Tuno (| 97 | o_October 04, | 87 | VV |
| Z | Theorem Hee | ್ ಡ | | 22a.1 certify that (I) MKKX | August | he deceased from . | 37 or | 19. 19.87 | death occurred on the date and ha | | |
| A FA | ospi d fo | 16 | | saw the deceased alive o obove, Hi XXXXXI (did n 27% SIGNATUAE | of view the bod | y ofter death. | | | seom occorred on the date ond no | | |
| 9 | DIREC ached Dept | Rel | | 128 SIGNATURE | 5 () | 0/ | , (| DEGREE ATTENDING | MEDICAL STAFF | 22c DATE | SIGNED |
| ITAL | By the RAL | <u> </u> | | 22d PHYSICIAN'S NAME (TYPE | X | lli- | hand | | DIRECTOR PHYSICIAN | Octob | <u>er 5,198</u> |
| OSP | UNB Id be the S | a / | | | | | | | | | |
| 0 | TO FUNERAL I should be deto with the Stote [| 1 | _ | Donald E. D | | | | | ville Rd. Olney, | Maryla | nd 20832 |
| - | | , | 230 8 | URIAL, CREMATION, REMOVA | | | | EMETERY OR CREMATORY | 23d LOCATION | COUNTY | 124 - TALL |
| 1 | BP | - | 04.5 | Burial | | | | ill Cemetery | Suitland/Pr. | | |
| DH | MH - 16 60M 7 | /84 | Roc | INERAL DIRECTOR Rober | t A. Pu | mphrey Fu | neral | Home/ | PRECID BY REGISTRAR 256 REGIS | TRAR'S SIGNAT | URE |
| | (VRA 15, 4) | | 30 | 00 West Montgom | ery Ave | nue Rocky | ille. | Maryland | 001 | | 6 |

| 75 | ١, | FOR , | G-633, 11 | DEPART | MENT OF H | E OF MAKTLAND IEALTH AND MEN | TAL HYGIEN | E / /- / | .4 | 7 |
|--|-----------|---|--|-----------------------------------|------------------|---------------------------------|--------------|---------------------------------------|--|----------------|
| 770000 | | STATE REGISTRAR | | | CERTIF | ICATE OF DEA | TH | REG. NO | | |
| 110009 011 | 79 E | FASED NAME FIRS | T | MIDDLE | i | AS1 | 20 | DATE OF DEATH MONTH | DAY YEAR | 26 HOUR |
| y be oge 3 Jeoth | | HA | RRY | 13. | 1+ | YMAN | | 10 | 122/87 | 3:268 |
| e 4 mo cto: po satter c | 3 SE | Male | 4 RACE Whit | e | 5 DATE O | | 912 | AGE (IN YEARS LAST BIRTHDAY) | IF ENLIER I YEAR | HOUR MIN |
| 01 1777 | | RIHPLACE PLATE OF FOREIGN | | F WHAT COUNTRY? | MARRIE WIDOWE | D MEVER MAR | RIED 🖳 | BALTIMORE CITY <u>or</u> cou | | , |
| . 1185 | Ga | ithersburg | Shar | | ADDRESS | entist & | / 0 | gency-Elect | CAR INDUSTRY | ech. |
| 1 135 | 13a S | d. Mo | ONE OF OTHER INSTITUTION OF THE PROPERTY OF TH | Rockvi: | N N | 13d INSIDE CITY L | | street Address / zip c 16000 Avery | | 203 |
| WW 1005/ | | THER'S NAME Benjamin | WIDDLE | Hyman | 1 | E11a | | Amanda | | man |
| WORE | | VAS DECEASED EVER IN U.S VES NO OR UNKNOWN) (18 4) | S ARMED FORCES? ES GIVE WAR OR DATES! | | | Doris | Hyman | ADDRESS (Wife)Same | as 13E | |
| ST. BALT | | 18 CAUSE OF DEATH (Ent PART I DEATH WAS CA | | er line for a , 1b , ar | nd ic | MA | | | APPRO: BETWEEN | BAY |
| RESTON death or servendo dron, or mayorite | | Canditions, if any, which | h (b)_ | OR AS, ACONSEQU | ENCE OF | FAILL | RE | | 2 | 7uks |
| W to the state of | | cause o stating the underlying cause las | DUE TO | OR AS A CONSEQUE | ENCE OF | CUANOR | VBC | KENIC HEPA | 7771 3 | YRS |
| ORDS, 2 | ATION | PART 2 OTHER SIGNIFICA | TIC CAR | CINOMI | 4, 6 | NOT REVATED TO | EDH! | LOMA) | ALC 72 |) |
| 2 1 1 1 1 2 | CERTIFICA | Mo DATE OF OPERATION | | IDITION FOR WHICH | OPERATIO | | | YES NO | FYES, WERE FINDS ERTIFYING CAUSE: YES [] | |
| NA STATE OF A | 1 | 21g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEDICAL EXA | OF DEATH HOUR | OF INJURY A.M. MONTH D P.M. | AY YEAR | | Y OCCURRED | LENTER NATURE OF INJURY IN ITEM | A 18 PART OR PART 2 | |
| DIVISION OF STREET IS SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF | MEDIC | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | LAT HOME | E OF INJURY STREET FACTORY OFFICE | FARM ETC) | 211 LOCATION STREET | | (ITY OR TOWN | OUNIY | STATE |
| CTENDI IDEAL A CTOR A for use of Heal | | 220 I certify that (1) (this saw the deceased alloabave (1) (we) (did) (d | 10 10 | 122 19 | (| nd that in (my) (our | opinian deat | to | have and from the | that I (we) lo |
| A Y Y SE DISC. | | 226 SIGNATURE | 10 | 1116 | 1 | PEGREE ATTE | NDING A | MEDICAL STAFF IRECTOR PHYSICIAN | | SIGNED 7 |
| O HOSPIIT stained by O FUNER hould be with the St | | MARK B | 2117 . | 10 | | 27e ADDRESS | | CENTERPLY | SUITE AUD 7 | 305 |
| 7 5 5 5 7 | | JURIAL, CREMATION, REMO | | 730 | NAME OF C | EMETERY OR CREA | MATORY | 23d LOCATION | TT. JUNITY | LIATE |
| RP | C | remation | 10/2 | 25/87 1 | Metro | politan | Crem | atory Alex | . va. | - All |

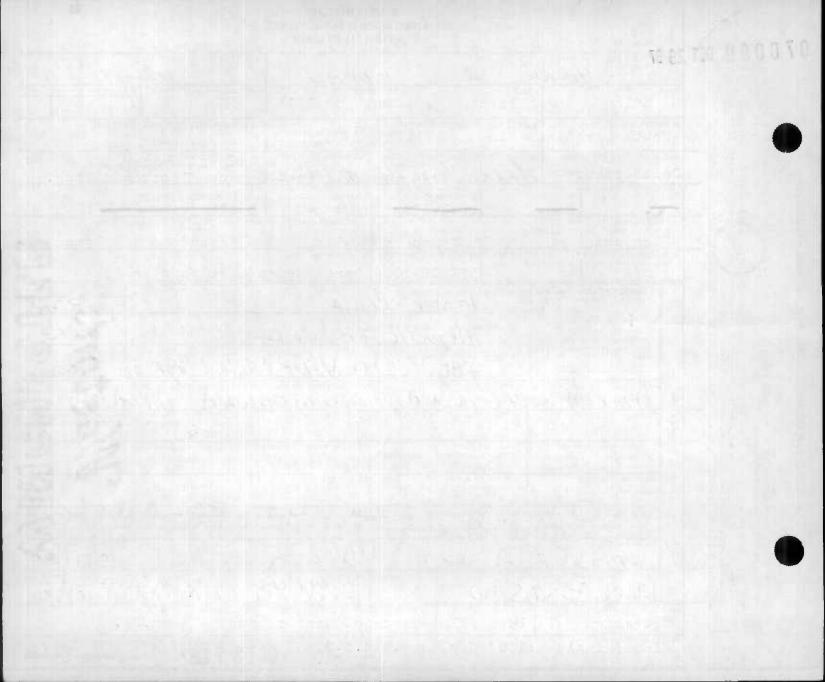
STATE OF MARYLAND

DHMH = 16 60M 7/84 (VRA 15, 4)

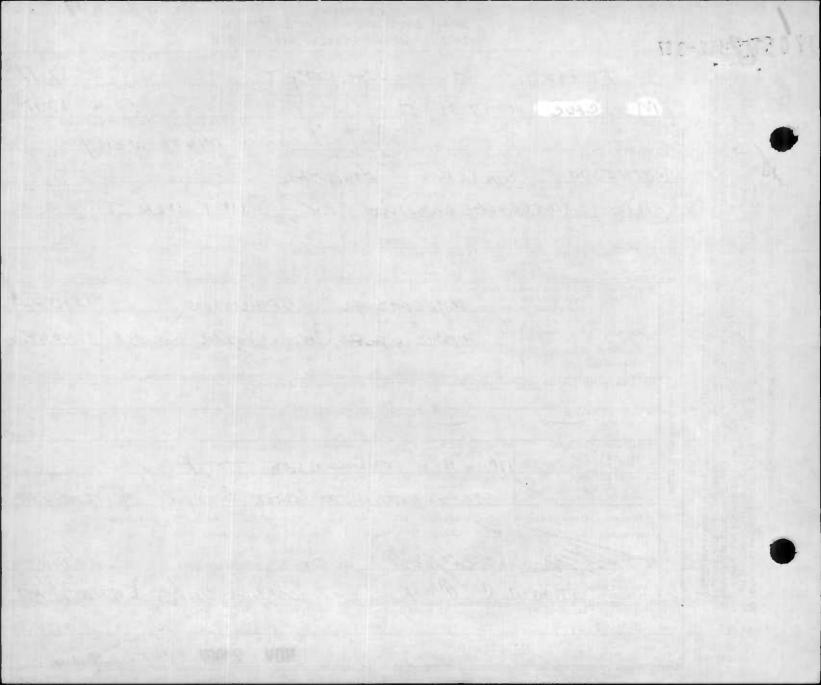
BP_

Hines/Rinaldi 11800 NewaoHamp.Ave.S.S,

250 DATE RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE OCT 2 7 1987 Julia Deviden Radela



| X | | | FOR | | | DEDARI | STA | TE OF M | ARYLAND AND MENT | TAL OVER | NIE. | 2 7 | 7 | 0 | | |
|--------------|--|---------------|----------------------------------|------------------------|-------------------|-----------------|-------------------------------|---------------|---------------------|--------------------------|---------------|----------------|--------------|---------|-------------|---------|
| 70- | | | STATE | | A | | | | ERTIFICA | | | | | | | |
| 105 | 757 -NOV - | 8 6 | EASED NAME | FIR T | IV | MIDDLE | EXAMIN | EK 5 C | AST | IE OF DE | | REG NO | | | | |
| | | YP | E OR PRINT | | | 11 | | 1- | | | OF | ESTI- | 7 4 | 3 1 | TEAR | 26 HOUR |
| 1/ | SER REP | 2 653 | KIC | 411181 | DATE OF SIR | 77 | L. ACC | BAN | NERE | T | | MATED [| 10 | 50 | 190/ | // M |
| 1 | 교모등으뜸 | 3 SEX | 1.500 | | DATE OF BIR | AY YEAR | 6 AGE TIN YE | | DER I YR IF L | UNDER 24 HRS | PRONOUN | | MOINTH | 321 | C | 14 HOUR |
| 0 | \$ 500 P | | | casian | il 1 | 7 36 | 120 x | RS. | | | DEAD | | 10 | 20 | 190/ | M |
| - | 超级图画图 | | RTHPLACE I TALE OR REIGN COUNTRY | | 76 CITIZEN OF | WHAT COU | NTRY? | MARRIE | D NEVER | MARRIED [| 9 BALTIM | ORE CITY O | OR COUN | TY OF D | EATH | |
| - | 155 TELL / | | w Jersey | | United | | | WIDOW | | IVORCED [| MGK | | 1116 | RY | | ty, MD |
| h | AY IS THE AGE FILED 2019 | 10. C1 | TY OR TOWN OF DEA | IH | IT NAME OF F | | JRSING HOMI STREET ADDRESS | E, OR OTHE | R INSTITUTION | _ FOR | MOST OF WOR | CING (FE) | E OF WORK | | D OF BUS | |
| 10 | 30000 | 1 | GIHESD | 17 | Sunsi | 1RBA | N | HOS | PITAL | ASS | Comm | e issio | ner | Serv | 71ces | |
| 10 | AND 3 TO RETAIN PHOUD BE RECORDS. | 13a S | | 136 COUNT | | | Y OR TOWN | | 13d INSIDE CITY LI | MITS ² 13e ST | REET ADDRE | SS | A | .dmin | nistr | ation |
| 2120 | A TA | | MD | MINT | 607487 | My REC | KUILL | 6 | YES | | 1901 | ODEI | V C | 1/2 | 20852 | |
| WD | PM 3. | 14 FA | THER'S NAME | | MIDDLE | | LAST | | 15 MOTHER'S | MAIDEN NAM | E | DDIE | | | LAST | |
| or m | DEATH GES 1. AND OF VITE | | Henry | | Α. | | Jeanne: | ret | | herine | | | | | ore | |
| ALTIMORE | PACORA | 160 V | VAS DECEASED EVER | IN U.S. ARM | | 16b SO | CIAL SECURIT | YNO | 17 INFORMAN | IT | | ADDRESS | Sam | ie as | #13 | |
| ALT | AFI H P H SIG | | Yes | | -1961 | 154 | -28-568 | 84 | Mrs. Ja | net M. | Jeann | eret, | Wife | , | | |
| si i | B. B. WIT | | 18 CAUSE OF DEAT | H Enter only | ane cause per | line far (a), b | o), and (c) | | | | | | | | PROXIMA E I | |
| N N | ENE RANGE | | PART I DEATH W | AS CAUSED IMMEDIATE | | MY | CARE | SIAL | 1 | 1 FARC | TIOR | / | | | 400 | Ter |
| RESTON | AZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ | | | | | | NSEQUENCE | | 0 | | | 1 | | | | |
| or or | CIL IN VER A ANSI REM | | Conditions, if a | | (b) | ARTER | 10.5 CLID | 20176 | (MED) | IVASCU | LAK | Disc | ASE | | NBE | P |
| ` ≥ | PENCH AMIN OR OR | | cause (a stating | | DUE TO. | OR AS A CO | NSEQUENCE | OF | | | | | | | | |
| 201 | EXALA ION ION | | lying cause last | | (c | | | | | | | | | | | |
| SDS. | AABAAA | | PART 2 OTHER SIGNIFICAN | CONDITIONS CO | ONTRIBUTING TO DE | ATN BUT NOT REL | ATEO TO THE TERM | IINAL OISEASE | OR CONDITION GIVI | EN IN PART 1 o | | - | | | | |
| RECORDS | 20 = III (2) -1 (2) | N O | | | | | | | | | | | | | | |
| | SED AL | I E | 190 DATE OF OPERA | TION | 196 CON | DITION FOR | WHICH OPER | ATION WA | AS PERFORMED |)? | | | _1 1 1 | 20 A | UTOPSY? | |
| VITAL | SSEN SE | E | | | | | | | | | | | | Y | ES 🗌 | NO Tein |
| OF V | CERTIFICATE SHANDS THE WOODED TO THE COSTONED BE DEPARTMENT PRIOR TO BUT PRIOR TO B | CERTIFICATION | 210 EXTERNAL CAU | | | OF INJURY | DAY YEAR | 21c HO | W INJURY OC | CURRED LENTER | NATURE OF INJ | URY IN ITEM 18 | PART I OR PA | ART 2) | | |
| | ARTA FOUL FOR T | | UNDERLYING CONTRIBUTING | | 1 cm 466 | P.M. 10 | 30 198 | | LAPSE | T 7 | -0 / | ELOO! | | | | |
| DIVISION | ERTING INC. | MEDICAL | 21d INJURY OCCUR | RED | 21e PLAC | E OF INJUR | Y (AT HOME | 211 LOC | ATION | 1 | | | | | | |
| Į į | VRIT VRIT VED SOF SOF SOF SOF SOF SOF SOF SOF SOF SOF | × | AT WORK AT W | WHILE D | STREET | FACTORY FARM. | | ME | 0 - | WATE / | CER . 1.1 | VN | | NIGO | MINZ | MAS |
| | RWY RWY STA STA STA | | | | (4) | | ** | | | سلت ا | - | 1 | | | mer y | 7777 |
| | A S S S S S S S S S S S S S S S S S S S | | 220 I certily that I | | - 0 | | | Autops | | spection | Inquiry | | nd in my of | Dinion | | |
| | EXAM CERTIF JID BE DIREC WITH | | death resulted fram | Menura | I causes | Accident | 2 | ucide []. | Hamicide | | termined mo | nner | | | , | |
| | AA WAA | | ACHIA | Ter. | - (01 | 1/16 | 1/1/1 | | DEP | IFY) | | | DATE | 10 | 13/1 | 5 |
| | SE SE SE | | SIGNATURE | 7 | - CA | 1 | | 2 | D. STEFF | MEI | DICALEXAM | INER | SIGNE | DZO | 2//3 | 11 |
| | MEDICAL E EECUTE THE C GE 4 SHOU FUNERAL TER DEATH, NITIMORE, M | | EXAMINER'S NAME | FR AN | Vecs C | MA | TYLE | | DDRESS 8-2 | -00 Wisa | 00150 | Here | BA | 7/0 | Cid | kess |
| | TO PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE | 23a B | URIAL, CREMATION, R | FMOVAL 73 | DATE N | , 1230 | NAME OF CE | | NO OKE SSEE | | OCATION | Nuc | 4 01 | // => | 50' | |
| 477.0 | | (5 | Burial | | Nov 3, 1987 | emper | | | n Cemet | CH | lver | Chrin | COU | | ryla | nd. |
| 07 84 25M | BP | 24 FI | JNERAL DIRECTOR 1 | | A. Pum | | | | 100 | DATE REC'D 8 | | | | | | iiu |
| | DHMH 17 (VR A15 ME (5)) | 7 | 7 Wiscons | Bethes | da-Chêv | y Chas | e, Inc | | C/ | 10V 2 | 1027 | 1 | r . | 5 | | |
| | (111 110 110 10) | 1/5 | / Wiscons | n Ave | nue, Be | tnesda | , MD. | 2081 | 4 | | 1001 | | COLUMN TO | 7-600 | dall | |



069069

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| OCT 20 | 67 | FOR STATE REGISTRAR | | DEPARTM | | EALTH AND MENTAL HYG | IENE REG N | 0 | | 1 |
|--|--------------|---|------------------------|--------------------|-----------|------------------------------|-------------------------|--------------|-------------------|-----------------------------------|
| | | EASED NAME FIRST | MIDD | LE | L | AST | 20 DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR |
| deoth | 1445 (| ERNES | ST RO | BERT | J | ERVIS | | 10 | 09 87 | 3-30 PM |
| 3 | SEX | | 4 RACE | | 5 DATE C | | 6 AGE IN YEARS LAST BIS | RTHDAY | IF DER YEAR | IF UNDER 24 HRS |
| S | | MALE | WHIT | E | MA | 1 14. 1905 | 82 | YRS | MON'H JA15 | HOURS MIN |
| 2 0 | | THPLACE (STATE OR FOREIGN | 76 CITIZEN OF WH. | AT COUNTRY? | 8 | NEVER MARRIED | 9 BALTIMORE CITY | R COUN | TY OF DEATH | |
| 2 4 | | ITALY | USI | 1 | WIDOWE | | MONTGO | MER | 1 COUNT | MD MD |
| T / 10 | CIT | Y OR TOWN OF DEATH | | PITAL, NURSING | | R OTHER INSTITUTION | 120 USUAL OCCUPAT | ION | 126 KIND C | F BUSINESS OR |
| | | evy CHASE | 4601 NO | RTH PARI | K AVE | NILE # 1703 | ELECTRUIC. | | | INGERING |
| 3 3 - 13 | SUA Ja Si | ATE 136 COUN | | CITY OR TOWN | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | / ZIP CO | DE | |
| 1001 | MA | RYLAND MONTE | | HENY CHY | | YES 🔀 NO | 4601 NORTH 1 | | | 0815 |
| 1/13 H | FA1 | HER'S NAME | MIDDLE | LAST | | IS MOTHER'S MAIDEN NA | ME MIDDLE | | 1 | |
| 3/30 | | | TOHAL | JERVIS | | BIANCA | WIDDIE | (| QUATTE | 2111 |
| + 9 / 16 | | AS DECEASED EVER IN U.S. AR | MED FORCES? 166 | SOCIAL SECU | | 17 INFORMANT | ADDR | ESS | | |
| 7 / | () (| | NE 14 | 48-07- | 9654 | HELEN J. JE | TRVIS (WIFE |) 5 | AME AS | #13. |
| vot. | | PART I. DEATH WAS CAUSE | ly ane cause per line | 1 | 3 | n. T. | į. | | APPROX BETWEEN | IMATE INTERVAL ONSET AND DEATH |
| even | -1 | | E CAUSE (a) | C | Fallo. | Ospiraling ons; | | | | se und. |
| h fi | -1 | | DUE TO OR AS | A CONSEQUE | NCE OF | | | | | |
| | | Canditians, if any, which | (ıb) | U | Mhm V | Buily Distant | | | /: | Oyen |
| diffuer fr | | gave rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS | A CONSEQUE | NCE OF AL | slust - MThat and | ' comy mays | czy | | 2724 |
| a year | 200 | PART 2 OTHER SIGNIFICANT OF | 2 10.11.1 1 | 12 1 | EATH BUT | | INAL DISEASE OR CON | DITION C | IVEN IN PART 1 | a |
| School in the second se | IFICAL | 90 DATE OF OPERATION | 196 CONDITIO | N FOR WHICH | OPERATIO | N WAS PERFORMED | YES NO | IN CER | ES, WERE FINDIN | NGS USED OF DEATH? |
| 230 | Š | 71a. ACCIDENT WAS UNDERLYING | | | | 21¢ HOW INJURY OCCURE | 7-3- | RY IN TEM | B PAR ORPAN. | |
| 1000 | | OR CONTRIBUTING CAUSE OF DEA | OH. | MONTH DA | Y YEAR | | | | | |
| E CARRESTO DE CARR | <u> </u> | 11d INJURY OCCURRED | 21e PLACE OF I | | | 211 LOCATION | | | | |
| 2 | ξ | WHILE NOT WHITE AT WORK | (AT HOME STREET | FACTORY OFFICE, FA | RM ETC } | STREET | CITY OR TO | NW | JUNTY | STATE |
| s mor | | 220 1 certify that (I) (this haspi | | eceased fram_ | Jul | 16 19 86 | to ottobe | 5 | 19_77_ | that (1) (we) last |
| 2 1 2 1 | _ | sow the deceased alive an abave, (1) (we) (did) (did no | t) view the bady after | r death. | , or | d that in (my) (aur) opinion | death accurred on the d | ate and h | our and fram the | causes stated |
| ltem | | 226. SIGNATURE | // | | [| DEGREE | 1 | | 220 DATE | SIGNED |
| T = T | -1 | m | v / | | | ATTENDING PHYSICIAN IT | MEDICAL STA | FF TAN [] | 10/9 | 7/17 |
| S V A V | | 22d PHYSICIAN'S NA # (TYPE C | R PRINT) | | | 22e ADDRESS | , | | - | |
| PORTANI | | JOSE AL QU | IROI MD | | | 4343 MONTGO | METLY AVE . I | BETHE | SDA, MD. | 20814 |
| 3 3 - | | IRIAL, CREMATION, REMOVAL | 236 DATE | 23c N | AME OF C | METERY OR CREMATORY | 23d LOCATION | | | |
| | 18 | CREMATICAL | OCT. 12, 19 | 137 CH | AM BET | 25 CROMATORY | RIVERDALE | . P. | L. CO L | LARLICAND D |
| M 7/B4 | FU | VERAL DIRECTOR | | | | 25a DAT | | PEGI | STRAR'S SIGNAT | URE |
| | 140 | MBERS FUNERAL | Home 8 | LSE COND | ابه مرد | SIWERSPRING | 101 | 101 | , in Dens | wn. Pandal |

| | STATE OF MARY |
|------------------------|--------------------------|
| 69886 OCT 27-87 ATE | DEPARTMENT OF HEALTH AND |
| 0 0 0 0 051 21 -091ATE | CERTIFICATE OF |

Chase, Inc. 7557 Wisconsin Ave., Bethesda, Md.

LAND D MENTAL HYGIENE DEATH

| | | REGISTRAR | | CERTIF | ICATE OF DEATH | REG. NO | | |
|---|-----------------------|--|---|-----------------------------|--|---|--|----------------------------|
| | | CEASED NAME FIRST Nadine | M . | | nesen | 20 DATE OF DEATH MONTH October 18, 19 | | 26 HOUR 10:15PM |
| | 3 SE) | emale | 4 RACE Caucasian | S DATE (| | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTH TAN | IF NETROINE |
| | 7a BII | RTHPLACE TATE OR FOREIGN DUNERY, LChigan | 7b CITIZEN OF WHAT COULD United State | NTRY? 8 MARRIE | D X NEVER MARRIED | 9 BALTIMORE CITY OR COL | | |
| 4 | | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, N | 1 WIDOW | | Montgomery C | ounty | DF BUSINESS OR |
| 2 | Ro | ockville | 13917 Congre | ess Drive | or other institution | (TYPE OF WORK FOR MOST OF WORK Homemaker | | |
| | 130 S | AL RESIDENCE (IF NURSING HOME O TATE 13b COUL aryland Mont | | RIOWN | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS 13917 Congres | s Drive/2 | :0853 |
| 1 | | THERS NAME Jerome | Jelin | | 15 MOTHER'S MAIDEN NAM FIRST Mildred | MI(I IE | Signer | |
| | | | /E WAR OR DATES) | 4-8004 | Rolf B. Johan | nnesen(Husband |) 13917 (| Congress |
| | NOI | PART 2 OTHER SIGNIFICANT | DUE TO, OR AS A CON | ISEQUENCE OF LISEOUPPICE OF | 0.00 | line M. Tins | GIVEN IN PART 1 | G. |
| 2 | TIFICAL | 190 DATE OF OPERATION | 196 CONDITION FOR V | WHICH OPERATIO | n was performed | | F YES, WERE FINDIF ERTIFYING CAUSES YES [] | |
| 7 | MEDICAL CERTIFICATION | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | | H DAY YEAR | | ED ENTER NATURE OF INJURY IN ITE | | |
| | MED | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET FACTORY (| OFFICE, FARM, ETC.) | 21f LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| | | 22a I certify that It this hosp | nitali attended the deceased | 4 / | nd that in (my) lour opinion o | to | 19 8 1 hour and from the | that we last couses stated |
| | | The SIGNATURE OF | u | | | MEDICAL STAFF DIRECTOR PHYSICIAN | 101 | SIGNED / 9/87/ |
| | | Allan B. C | | | 13975 Conn. | Ave. Silve | r Sprin | g, Md. |
| | | URIAL CREMATION, REMOVAL | October 20, | | EMETERY OR CREMATORY Ery Crematory | 23d LOCATION CITY OR TOWN Bethesda Mon | ntgomery, | Maryland |

TO FUNERAL DIRECTOR TO HOSPITAL OR ATTEN

MPORTANT If Item 21 is marked or Item-18 shows ony injury or other traumatic event, the

should be detached for use as the burral transit permit. Then plea with the State Dept. of Health and Mental Hygiene prior to burral.

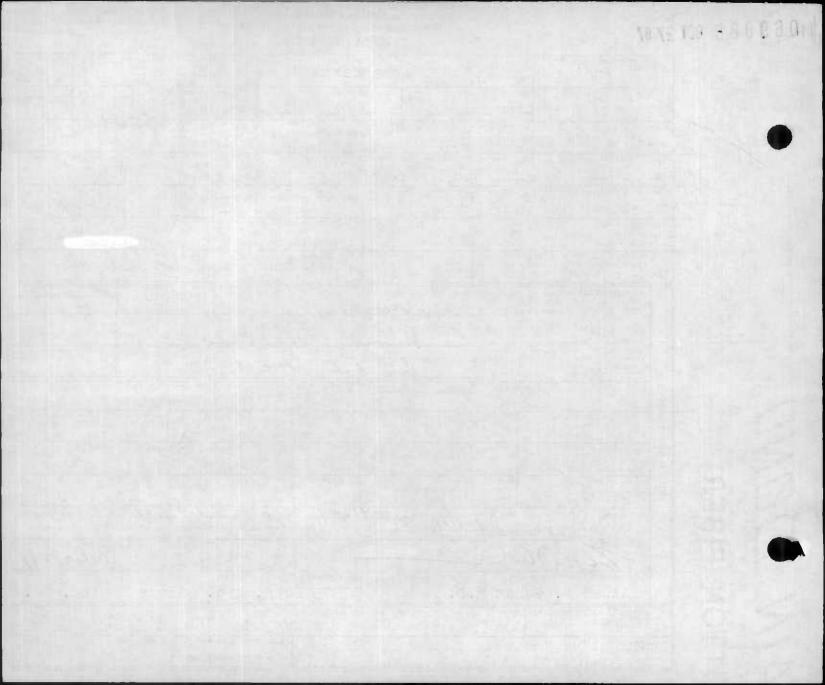
OR ATTENDING PHYSICIAN The low

DHMH - 16 60M 1/75 (VR A 15 (4))

Bethesda Montgomery Crematory

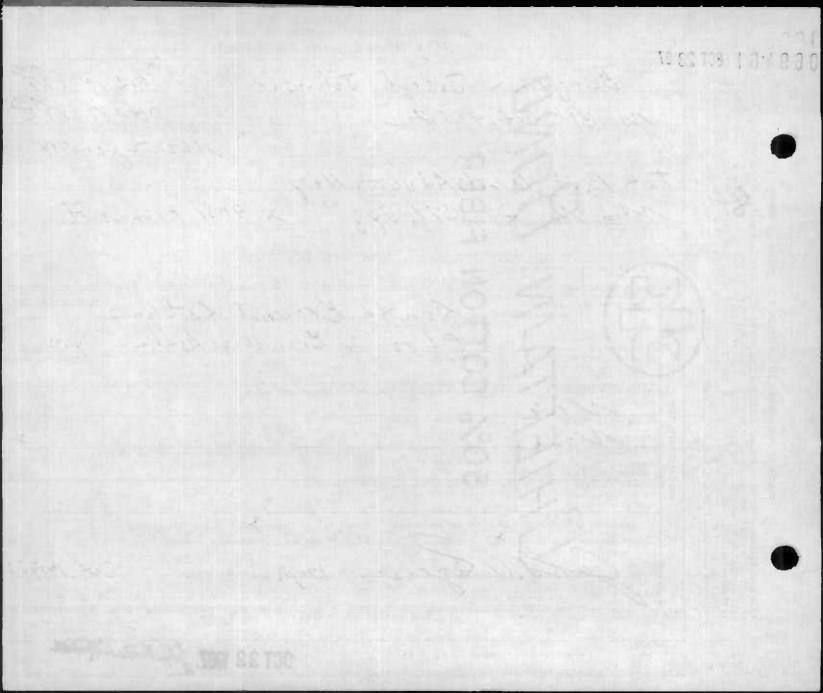
Montgomery, Maryland

TROBELLINGTOR Pumphrey Funeral Home-Bethesda Chevy 150 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL-HYGIENE - STATE G PEGISTRAR **EXAMINER'S CERTIFICATE OF DEATH** REG NO. 20 DATE KNOWN TYPE OR PRINT R FILES. HOURS STREET, T TOEATH MATED 5 DATE OF BIRTH 6 ACE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH RONOUNCED DEAD To BIRTHPLACE BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED LOUISIANA USA D CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 20 USUAL OCCUPATION TYPE OF FOR MOST OF WORKING LIFE OR INDUSTRY SECURITY GUARD SVERDRUP CORP 13n STATE 2090 YES NO 14 FATHER'S NAME MIDDLE BENJAMIN JOHNSON, JR. LINDA BAOUET 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT DIVISION NO 438-08-2793 LINDA BAQUET/MOTHER/SAME AS 13 18 CAUSE OF DEATH (Enter only one cause per line for (a) b), and (c) PART I DEATH WAS CAUSED BY BURIAL - TRANSIT PERMI AND MENTAL HYGIENE, IMMEDIATE CAUSE to Conditions, if any, which gave rise to immediate cause (a stating the under lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO USED AS A B CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? AINER: THIS CER., FICATE, WRITING THE CER. TO PRESE 3 SHOULD BE USE STATE DEPARTMENT OF STATE DEPARTMENT O YES [] 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH PM 21e PLACE OF INJURY (ATHOME EXECUTE THE CERTIFICATE, WRITIP PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE DE 8ALLMORE, MARYLAND, 21201 P STREET FACTORY FARM ETC) STREET WHILE AT WORK AT WORK CITY OR TOWN 220 I certify that I took charge of the remains described above, held an and in my apinian death resulted fram-Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL JOHN S. ROGERS EXAMPLES NAME SEMINARY ROAD SILVER SPRING, MD TYPE OR PRINT ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 22,1987 GATE OF HEAVEN CEMETERY BURIAL BP SILVER SPRING MONTGOMERY 25M 24 FUNERAL DIRECTOR FRANCIS J. COLLINS, JR. DHMH 17 500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

(VR A15 ME (5))



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH

| | 1. | FOR STATE REGISTRAR | | | DEPARTM | | FICATE OF DEATH | | | , | | |
|-----|---------------|---|---------------------------|------------------------------------|-------------------------------------|----------------|---------------------------------------|------------------|--|-------------------------|--------------------------------|--------------------------------|
| 4 | E.DE | TACED MANE | tty | Forb | es Jo | hnsor | hnson | 2 | REG. NO | | Y YEAR | 3 AM |
| 000 | 3 SE | · 'emale | | White | | S. DATE C | DF BIRTH 15, DAY 1916 | | AGE (INYEARS LAST BIRTH | | FUNDER YEAR | IF JNDER 24 HR |
| 2 | | RTHPLACE (STATE OR I | | U.S.A | | WIDOWE | | 0 0 | mont gor | | OF DEATH | MD |
| 1 | B | ethesda | | Subu | rban + | OSP | ita) | | 20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF HOMEMAK | WORKING LIFE) | 126 KIND OF INDUSTRY HOW | BUSINESS OR |
| 5 | 13a S | AL RESIDENCE (IF NURS | 13b COUN Mon | TY | Beth. | | 13d INSIDE CITY LIMI YES NO | | 6625 Rive | | 20 | 817 |
| 1 |) | THER'S NAME FIRST DeRoska | | VIDDIE | Forbes | | 15 MOTHER'S MAIDE FIRST Bert | | MIDDLE | | Wood | lson |
| / | | VAS DECEASED EVER YES NO OR UNKNOWN) | | MED FORCES? WAR OR DATES) | 158-01- | | William | F. C | ameron 871: | Ale | | en Ct. |
| | | 18 CAUSE OF DEAT PART I DEATH W | 'AS CAUSE | y one couse per BY CAUSE (a) | egpirator | o fa | ilune | | | | BETWEEN ON SULLY | ATE INTERVAL ISET AND DEATH |
| | | Conditions, if any, gave rise to imm couse 101, statin underlying couse | nediate ig the last | (c) | AS A CONSEQUE | | | 1 | Als ense | | leng. | Standy |
| | CERTIFICATION | PART 2 OTHER SIGN | | | | | NOT RELATED TO THE | E TERMIN | 200 AUTOPSY? | 206 IF YES, IN CERTIFY! | WERE FINDING ING CAUSES O | F DEATH? |
| 7 | | 21g ACCIDENT WAS UND OR CONTRIBUTING C | CAUSE OF DEAT | 21b TIME OF HOUR A.A | A. MONTH DA | Y YEAR | 21c HOW INJURY O | OCCURRED | YES NO | YES IN ITEM 18 PAR | | NO [] |
| | MEDICAL | 21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR | ILE [] | 21e PLACE C | OF INJURY EET, FACTORY OFFICE FA | RM ETC) | 211 LOCATION | | CITY OR FOW | N | LOUNIY | TATE |
| | | 220 f certify that (1) sow the decease above (1) (we) (c | | | | 10/2 72. or | nd that in (our) op | 57 pinion dec | to | e and haur c | | (we) last |
| , | | 226 SIGNATURES | 1/4/1 | DDINIT) | | / | DEGREE ATTENDI PHYSICI 1220 ADDRESS | | MEDICAL STAFF | | 10-/ | GNED 1-97 |
| 1 | 225 0 | Ira Paul | Kre- | FHing | Lan | AME OF | 21011/180 | dial | Pak D. | 5/1/4- | Suni | 121802 |
| | (| Buria JNERAL DIRECTOR J | 1 | 10/15 | 5/87 Pa | arkla | wn Cem | | Rockville | | VINUC | TATE |
| | 27 10 | NAM5130 W. | I Ave | NW was | sh., DC 20 | 0016 | 751 | OCT | 26 1987 | ulia Da | ACOULD SA | Mary |

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR After this centificate has a should be detached for use as the burnol-transit permit the State Dept of Health and Mental Hygiene it. MPORTANT If Item 21 is marked ar Item 18 shows mountain and the

(100 m)

Aug. 15, 1916

Mit te.

A.B.U

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Month. Betto.

Shirt Hiver Id.

Homesteller

2013S-W-, .X-12

158-01-6884 Filliam V. Compron Fill Hillage Creek Ct.

Imrial 10/15/87 Parklann Cen. ockville, MD.

SLOVE DE . MIL WELL . OV IN O.LC

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE CEPTIFICATE OF DEATH

| 9 2 | 01 | 00 | T 2 | 167 | FOR STATE REGISTRAR | | DEPARTM | | EALTH AND MENTAL HYÓ ICATE OF DEATH | REG N | 0. | | |
|-----|--|-------------------------------|-------------------|---------------|---|-------------------------------------|--|-------------------|--|---|--------------------------------------|-------------|-----------------------------------|
| | | | 197 | | CEASED NAME FIRST | | MIDDLE | - 1 | AST / | | MONTH DAY | YEAR | 2h HOUR |
| | y be | death | | | Eleanor | | M_{\cdot} | 20. | hason | 10-8-8 | 7 | | 90 AM |
| | ge 4 mo | irs ofter | | 3 SE | Female | 4 RACE Whi | te | Dec. | FBIRTH | 6 AGE IN YEARS LAST BIR | THDAY) IF U | HS DAT | HO JE MIN |
| 9 | nergi di | of the | 35 | | RTHPLACE ISTATE OR FOREIGN COUNTRY ATYLAND | 76 CITIZEN OF | .A. | MARRIEI WIDOWE | NEVER MARRIED K | 9 BALTIMORE CITY C | RCOUNTY OF | , | MD |
| • | by the to | 10 | 0 | | ithersburg | | HEACILITY, GIVE STREET | | Center Institution | 126 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Teacher | | NDUSTRY | cation |
| | filled in | ad book | 13 | 13a S | AL RESIDENCE (IF NURSING HOME IT ATE 13b COL | tgomery | GIVE RESIDENCE BEFORE 13c CITY OR TOWN Gaither | N I | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS Russell, | ZIP CODE Avenue/ | 2087 | 7 |
| - | 1 | 1/2 | 17 | 14. F.A | THER'S NAME FIRST | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | MIDDLE | | LAST | |
| | 2 0 | 10 | 1 | | | Potts | Johns | | Emma | J. | | Shu | |
| | 1 | 1 | | | | RMED FORCES? SIVE WAR OR DATES! NON | 291-09- | | Mrs. Elleand | | Wolfsvi le, Mye | | |
| | a physical | 10.000 | all the same | | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS | | line forgo), (b), and | outer | dos | t and Heart | Failur | BETWEEN O | MATE INTERVAL DINSET AND DEATH |
| | that the death of by the attended | | or other required | | Conditions, if ony, which gave rise to immediate cause tall, stating the underlying cause last |) b)_ | R AS A CONSEQUE | den | al Cares | 2~ | | 6, | mers |
| | equires n signed | Then pl | injury, o | NO | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE TERM | AINAL DISEASE OR CON | DITION GIVEN | IN PART 1 a | |
| | he law and | ene ene | Aug and | CERTIFICATION | 19a DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? YES NO X | 20b IF YES, W IN CERTIFYIN YES | | |
| | CIAN I | | 182 | | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIFETTHER NOTIFY MEDICAL EXAMIN | EATH HOUR A | M. MONTH DA | Y YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PART | OR PART / | |
| | offending fer this c | s the bur | rked ar It | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE | OF INJURY REET FACTORY OFFICE FA | ARM ETC) | 211 LOCATION STREET | CITY OR TO | IWN | OUNTY | ! ATE |
| | NON S | use o | S S | | 220 I certify that (I) (this has | 1 1 | e deceosed from_ | (, ') | Sep7 1980 | | c 7 . 19_ | 87. | that (II (we) last |
| | TAL OR ATTE y the hospite RAL DIRECTO | detached for | ZT: # #ea 21 | | sow the deceosed olive of above. (1) [we] Idid Idid 22b SIGNATURE | Med A | olter death 19 | | | MEDICAL STA | FF | 22c DATES | |
| | FUNER | shauld be de w th the Stat |) RTA | | 22d PHYSICIAN'S NAME (TYPE | | 0 | // | 19261 Montgo | more Ville | 10 A110 | Caith | one bina |
| | TO F | shau w th | MPO / | 22- 1 | Michael Bo | | 22.4 | LANE OF C | 1 | 23d LOCATION | se Ave., | Galtn | ersourk |
| | D.D. | | | 230 | SPECIFY) Bural | Oct.1 | 2.1987 St | . Mark | emetery or crematory 'sLutheranCen | t Wolfsvil | le. Fre | deric | k. Md. |

DHMH = 16 60M 7/B4 (VRA 15, 4)

BP.

Oct.12,1987 St. Mark's Lutheran Cemt. Wolfsville, Frederick, Md.

106 East Church Street, Frederick, Md. 21701 OCT 13 1987

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| American officials, or former, | | Cot. 12, Sall | |
| | o to make the | Disayo, Janes | Rosella specialis |

70425

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH

OCT 30 1987 Julia Division Rudas

| | PECEASED NAME FIRST | M | AIDDLE | l. | IST | 20 DATE OF DE | ATH MONTH | DAY YEAR | 2b HOUR |
|---------------|---|---|---|-------------|--------------------------------------|---|----------------------|------------------------|--------------------|
| | John | | P• M• | Jol | nnston | Oct. | 25, | 1987 | 6:15 am |
| 3 S | Male | 4 RACE White | | 5. DATE C | DAY _YEAR | 6 AGE (IN YEARS | | IF UNDER YEAR | HE JAY MIN. |
| 7a | BIRTHPLACE (MATE OR FOREIGN COUNTRY) | 76 CITIZEN OF V | WHAT COUNTRY? | 8 MARRIE | NEVER MARRIED | | _ | UNTY OF DEATH | |
| 10. | New York CITY OR TOWN OF DEATH | U.S. | | WIDOWE | DIVORCED TO ROTHER INSTITUTION | | tgomer | | MD. |
| B | Be the sda | Carri | age Hill | - Be | | 120 USUAL OCC (TYPE OF WORK FOR Naval | MOST OF WORK | ING LIFE) INDUSTRY | avy |
| | UAL RESIDENCE (IF NURSING HOME STATE 136 CO | | GIVE RESIDENCE BEFOR 13c CITY OR TOW Washingt | 'N | 130 INSIDE CITY LIMITS? | 13e STREET, ADD 2118 B | RESS / ZIP (| code t Pl., NW/ | 20008 |
| 14 F | FATHER'S NAME Richard H | oward | Johnst | on | 15. MOTHER'S MAIDEN NA | | DDLE | Merre | 11 |
| | WAS DECEASED EVER IN U.S. | ARMED FORCES? GIVE WAR OR DATES) | 166 SOCIAL SECL | RITY NO | 17 INFORMANT | | ADDRESS | | |
| | | 3-1945 | 579-48-8 | 303 | Elizabeth K. | Johnsto | n, Sam | ne address | as #13. |
| | 18. CAUSE OF DEATH Enter PART I. DEATH WAS CAU | only one couse per SED BY ATE CAUSE (a) | me for 101, in on | Tes | sisatry 1 | arrest | - | | ONSET AND DEATH |
| CERTIFICATION | PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION | (c) (c) (c) | | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR | | N GIVEN IN PART 1 o | |
| RTIFIC | | | | | | YES NO | INC | ERTIFYING CAUSES YES [| |
| | 2) a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | DEATH HOUR AA | M. MONTH D. | AY YEAR | 21¢ HOW INJURY OCCUR | RED (ENTER NATURE | OF INJURY IN "E | M 8 PART - IR PART, I | |
| MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AL WORK | 21e PLACE C | OF INJURY SET FACTORY, OFFICE S | ARM ETC) | 21f LOCATION STREET | × 11 | Y OR TOWN | DUNTY | TATE |
| | 220 I certify that A (this has | pital) ottended the | LS/Y 19_ | , on | d that in (my) (our) opinion i | death accurred on | the date and | d hour and from the | that (II (we) last |
| | 226 SIG | change | | m | ATTENDING PHYSICIAN D | MEDICAL DIRECTOR F | STAFF PHYSICIAN [| 220 DATE | 25/87 |
| | George C. I | | M.D. | | 3301 New Me | exico Ave | .,#35C | Wash, D. | C. 20016 |
| | 8URIAL, CREMATION, REMOVE (SPECIFY) Burial | 10/29 | 9/87 Na | val Ac | METERY OR CREMATORY ademy Cemeter | y Anna | polis | , MD OUNTY | STATE |
| 24 | FUNERAL DIRECTOR JOSE) | oh Gawler Lve. NW Wa | ash ADD DC | 20016 | OCT OCT | 30 1987 | | EGISTRAR'S SIGNAT | |

BP. DHMH 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR After this certificate has been

| teg Leat | • | Pošani | | | 0 |
|--|-------------------|-------------|-----------------|--------------|---------------|
| | | Ame | 190 | stick The | elile |
| The state of the s | nonsytual . | | | | |
| | 9.722 Jan. 1 | | het - Efficient | 71.04 | Settledia |
| W | | | l'aménième | den (i) i na | then part has |
| Stewart . | and title | | | | bando h |
| | , | . Flatberra | GEL-Nicopa | THE TALBET | E Inti |
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| | e Filographic III | | | | |

OCT

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If Item 21

MPORTANT

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

| HYG | IENE | | > |
|--------|---|-------------|------------------|
| | REG NO | | |
| | 20 DATE OF DEATH MONTH DAY | YEAR | 2b HOUR |
| | 10-4- | 87 | 18334 |
| | A 1105 (1.15.mo from 0) | INLIER FEAR | IF INDER 14 HRS |
| 7 | 70 YRS MON | CH! DAY | HU AN MIN |
| | 9 BALTIMORE CITY OF COUNTY OF | DEATH | |
| | Montgome | vu. | MD_ |
| | 120 USUAL OCCUPATION | 12h KIND O | F BUSINESS OR |
| | Tech. Service | | ondition |
| 5? | 130 STREET ADDRESS / ZIP CODE | #7 | クムをフつ |
| V N A/ | | 2 | 2001 |
| | MIDDLE | LAS | ī |
| | | arman | |
| | 208 Lee St. Ga: | ithers | hura Md |
| rdo | n | 20 | 877 |
| | | BETWEEN | MATE INTERVAL |
| | ARREST | 60 | min |
| | | | |
| 6 | | 6 | mos. |
| | | | |
| | | | |
| TERM | INAL DISEASE OR CONDITION GIVEN | IN PART 1 | |
| 10 | erae | | |
| (3 | 20a AUTOPSY? 20b IF YES, W | | |
| | IN CERTIFYIN | G CAUSES | |
| CLIBE | YES NOXX YES | | NO [|
| CURN | RED (ENTER NATURE OF INJURY IN ITEM 18 PART | OKPANI 2) | |
| | | | |
| | ITY OR TOWN | OUNTY | STATE |
| | , | | |
| 87 | 10/4 10 | 87 | that I tree lace |

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

1987

MIDDLE (TYPE OR PRINT) RAYMOND 4 RACE 3 SEX DATE OF BIRTH ancastan TO BIRTHPLACE IN ATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIEDXX NEVER MARRIED Virginia U.S.A. WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMIT Monta YES X 14 FATHER'S NAME 15 MOTHER'S MAIDE FIRST MIDDLE J. Harry Jordon Mary 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO YES W.W.II Martha Jo 18 CAUSE OF DEATH Enter only one cause per line for ion, ib and ic PART I DEATH WAS CAUSED BY ARPIO- REEPIRATURY DUE TO, OR AS A CONSEQUENCE OF ARCINOMA. Canditions, if any, which gave rise to immediate couse oi, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last CERTIFICATION hromo ul 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21h TIME OF INJURY 21c HOW INJURY OF 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC I STREET NOT WHILE 220 I certify that (I) this harpital attended the deceased from sow the deceased alive on abaye (II (we all b) (did not view the body affer death and that in (my) of apinian death accurred an the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME TYPE OF PRI 22e ADDRESS hoenber 230 BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY 10/7/87 Union Cemetery Burial Leesburg, Loudoun, Virginia

201 Edwards Ferry Rd, N.E.

Colonial Funeral Home of Leesburg, Va. 22075

DHMH 16 60M 7 B4

(VRA 15, 4)

10 E A T 10 T 15 OF

694

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTI | RAR | | | CERTII | ICATE OF DEATH | REG | NO | | |
|-------------------------------------|---|-----------------|---------------------------|-------------|---------------------------------|--------------------------------|------------------|-------------------|----------------------------------|
| DECEASED N | AME FIRST | | MIDDLE | (| AST | 20 DATE OF DEATH | MONTH D | AY YEAR | 26 HOUR |
| D I PE OR PRINT) | OLIVER | | JAMES | J | UDGE | OCTOBER | 15, 198 | 37 | 1:42A M |
| 3 SEX | 4 | RACE | | 5 DATE C | | 6 AGE (IN YEARS LAST | BIRTHDAY) | IF SUDER SEAR | |
| MALE | | CAUCAS | IAN | AUGU | ST 6, 1911 AR | 75 | YRS | CHAIR BAYS | HOURS MIN |
| 70 BIRTHPLACE | PS'ATE OR FOREIGN 7 | b CITIZEN OF | WHAT COUNTRY? | B MARRIE | NEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY | OF DEATH | |
| MASSACH | USETTS | USA | | WIDOWE | | MONTGO | MERY | | MD |
| 10 CITY OR TO | WN OF DEATH | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 120 USUAL OCCUP | | | OF BUSINESS OR |
| | SPRING | 1011 | 6 TENBROO | K DRI | VE | INSURANCE | | MUTUA | L BEN |
| USUAL RESIDE 130 STATE MARYLA | NCE (IF NURSING HOME OR COUN' ND MONT G | | 136 CITY OR TOW SILVER | N | 13d INSIDE CITY LIMITS? | 13e STREET ADDRES 10116 TEN | S / ZIP CODE | RIVE | 20901 |
| 14 FATHER'S N | | | | | 15 MOTHER'S MAIDEN NAM | ME | | | |
|) THÖ | MAS | J. | JUDG | E | ANTOINE | TTE | М. | RAC | INE |
| | ASED EVER IN U.S. ARM | | 16b SOCIAL SECU | IRITY NO. | 17 INFORMANT | ADI | DRESS | | |
| NO OR C | (IE YES, GIVE | WAR OR DATES) | 020-14-4 | 834 | MARILYN L. JU | JDGE/WIFE/ | SAME AS | 13 | |
| 18 CAUS | SE OF DEATH (Enter only | one couse pe | r line for (a), (b), and | d/c/ | , , | | 4 | APPROX BETWEEN | MATE INTERVAL ONSET AND DEATH |
| PART | I. DEATH WAS CAUSED IMMEDIATE | CAUSE (a) | / | Jen | enallyedar | cenomal | ages! | 16 | month |
| | | DUE TO, C | R AS A CONSEQUE | NGE OF | | | | | - 41 |
| | ons, if any, which | (ıb) | ma | legs | and melouno | me deskir | 0/54 | 19 | 17762/16 |
| cause | a, stating the | DUE TO, O | R AS A CONSEQUE | NCE OF | | might | #E | | |
| | ing cause last | ((c)_ | | | | | | | |
| | OTHER SIGNIFICANT CO | ONDITIONS C | ONTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE TERM | IN AL DISEASE OR CO | ONDITION GIVE | EN IN PART 1 | a |
| Q Iga DATE | OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20h IF YES | , WERE FINDIR | NGSTISED |
| STORY OF THE CATION | | | | 0, 2,,,,,,, | | YES NO | | YING CAUSES | |
| 21a ACCI | DENT WAS UNDERLYING | 21b. TIME C | | | 21¢ HOW INJURY OCCURR | | | لسا | |
| 0.0.00 | RIBUTING CAUSE OF DEAT | 17 | .M. MONTH DA | AY YEAR | | | | | |
| <u> </u> | JRY OCCURRED | 21e PLACE | OF INJURY | | 211 LOCATION | | | | |
| WHILE AS WORK | NO! WHILE | (AT HOME ST | REET FACTORY OFFICE F | ARM ETC) | STREET | ITY OF | TOWN | COUNTY | TATE |
| | tify that (I) (this hospite | ol) attended th | ne deceased from _ | Sept | 19 19 59 | to Oct | 15 | 957 | that I (last |
| sow | the deceased alive an_ve_(l) (did not | drets. | | 3-7 . or | nd that in (my) love apinion of | death accurred on the | date and hour | and from the | couses stated |
| 226 SIGN | | | - drier dedilli | | DEGREE | | | 22¢ DATE | SIGNED |
| | Tark. | 10 | Tulten | 77 | ATTENDING PHYSICIAN | DIRECTOR PHY | TAFF SICIAN - | 101 | 15-18-7 |
| 22d PHY | SICIAN'S NAME (TYPE OR | PRINT | | | 22e ADDRESS | | | | 1. |
| RA | LPH F. PATT | EN | | | 1407 WOODSII | DE PKWY SI | LVER SP | RING, | MD |
| 230 BURIAL, CI | REMATION, REMOVAL | 236 DATE | 23c N | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | N. M. I. | 1.11 |
| 1 | BURIAL | OCT19 | ,1987 GA | TE OF | HEAVEN CEMETE | ERY SILVER | SPRING | MONTG | OMERY ME |

DHMH 16 60M 7 84

BP.

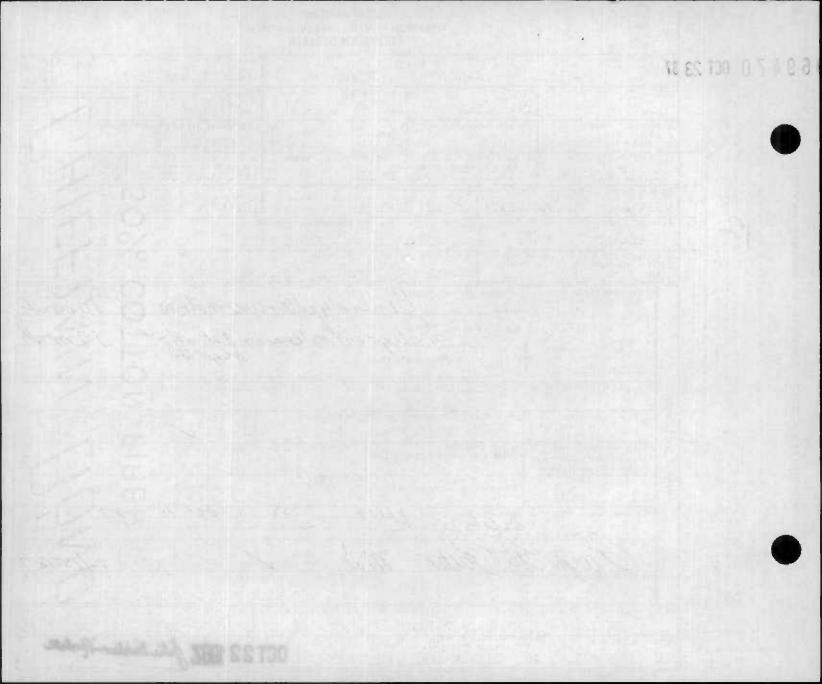
TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshald be detached for use as the burial-transit permit. Then please remove contribute State Dept, at Health and Mental Hygiene prior to burial, cremation.

(VRA 15, 4)

IMPORTANT If them 21 is

OCT19,1987 GATE OF HEAVEN CEMETERY SILVER SPRING MONTGOMERY MD

74 FUNERAL DIRECTOR FRANCIS J. COLLINS, JR.
500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

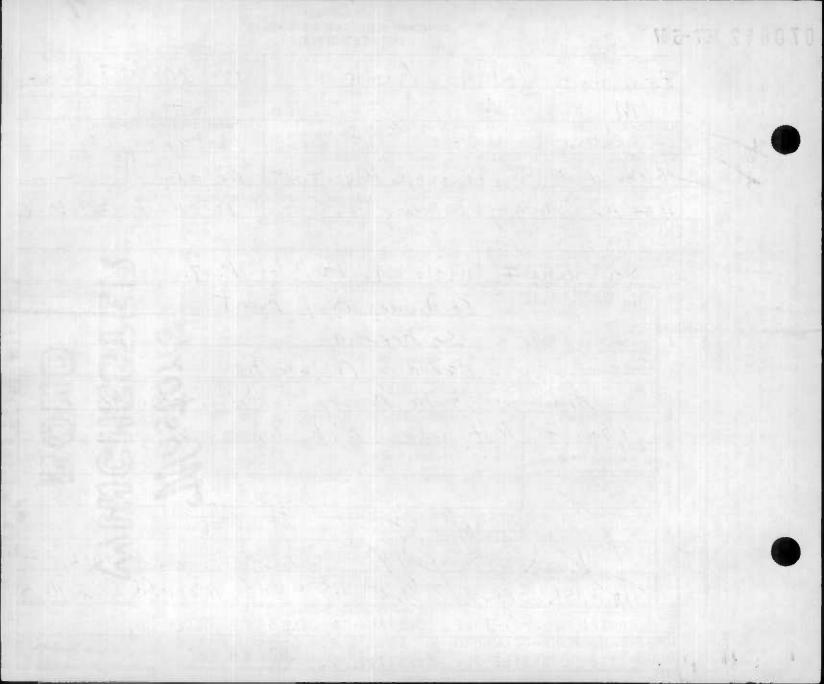


NOV 3 1987 JUL XILLAND JUL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 070 | 18421 | 10V - | 518 | FOR STATE REGISTRAR | DEPART | | EALTH AND MENT | | | | 1 | |
|---------------------------|--|----------|---------------|---|--------------------------------------|------------|-----------------------|---------------|-------------------------|----------------------|-----------------------------|----------------|
| | | | I DE | CEASED NAME FIRST | MIDDLE | | AST | | REG NO | ONTH DAY | YEAR 2h | HOUR |
| | of h | | | OR PRINT) | (Almal) | Kas | 100 | 70 | 11 - 31 | 7- 0' | 7 2 | * 20 A. |
| | nay be page 3 | | 3 5E) | enjamin | 4 RACE | 5 DATE C | OF BIRTH | 6 A | GE (IN YEARS LAST BIRTH | IDAY) IF UNDI | ER I YEAR IF | UNDER ZIERS |
| | ctor s ofte | | | M | W | MONTH | | 00 | 87 | YRS MONTH | DATS HC | R. MIN |
| | Pag Hour | ai Jr | | RTHPLACE STATE OF FOREIGN OUNTRY) | 76 CITIZEN OF WHAT COUNTRY | 8 My 15 | NEVER MARRI | 9 B | ALTIMORE CITY OF | | ATH | |
| | In year | 040 | | Russia | U.SiA. | WIDOWE | | | Montgo | men, | Cty | MD |
| | The state of the s | None God | 10. CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSI | | ROTHER INSTITUTION | ON 120 | USUAL OCCUPATION | WORKING LIFE IN | KIND OF BU | JSINESS OR |
| 201 | 1 | 0 | 115.117 | AL RESIDENCE IN NURSING HOME O | POTHER INSTITUTION OF RESIDENCE BEFO | VE F | dventis | ST | Repred | | | |
| ND 21 | filled in | Salle B | | TATE 113b COU | INTY IBC CITY OF TO | | 13d INSIDE CITY LIA | | STREET ADDRESS | ZIP CODE | 14/1 | Lant |
| RYLA | etely | aile C | 14 FA | THER'S NAME FIRST | MIDDLE LAST | 7 | 15 MOTHER'S MAIL | DENNAME | MIDDLE | 1 | LAST | |
| W W | omple | ekon | | JOSEPH 6 | KASDEN | | UN | KNOWN | | UN | KNOWN | |
| BALTIMORE | n and c | medical | | (AS DECEASED EVER IN U.S. AI ES NOOTUNKNOWN) (IF YES GI | RMED FORCES? 166 SOCIAL SEC | -1189 | 17 INFORMANT | 171 | (hourt. | S | | |
| ., BALT | ficate b ohysicia papers | ent, the | | PART I DEATH WAS CAUS | ED BY | nd leu | in hone | An | ct | | APPROXIMATI BETWEEN ONSE | T AND DEATH |
| N ST | certing purpor | fic ev | | IMMEDIA | ATE CAUSE (0) (QV G() | OVER | 110111 | // | | | | |
| PRESTON ST | death attend ave co | 0.30 | | Conditions, if ony, which | DUE TO, OR AS A CONSEOU | n cen | nia | | | | | |
| | the a | er tro | | gove rise to immediate couse (a) stating the | DUE TO, OR ASA CONSEOL | JENCE OF | 2. 1 | -1 | | | | |
| 201 W | that d by ease al, cr | r ath | | underlying couse last | o Aren | YM | (hola | 1510 | 3 | | | |
| | equires signed Then pl | njury, o | NO | m | conditions CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE | HE TERMINAL | DISEASE OR COND | ITIOM GIVEN IN | PART 10 | |
| DIVISION OF VITAL RECORDS | beer mit prior | any | CERTIFICATION | IN DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATIO | N WAS PERFORMED | 2 | On AUTOPSY? | 206 IF YES, WER | E FINDINGS | USED |
| AL 8 | The land | Nows | RTIFI | 9/29/87 | MUPPILE CO | MNOT | 17,18 Rit | Stord. | ES NOW | YES [| | 10 🗌 |
| TIV: | physicial physicial trificate ill-transitial Hyginial | | | 210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE | | AY YEAR | 21c HOW INJURY | OCCURRED | ENTER NATURE OF INJURY | IN ITEM 18 PART I OF | PART 2 | |
| ō z | SIC | Hera | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | ER) P.M | 19 | 1211 LOCATION | | | | | |
| ISIO | tend tend the b | io pa | MED | 21d INJURY OCCURRED | 21e PLACE OF INJURY | FARM ETC) | 211 LOCATION | | TITY OR TOW | N (C | UNIY | STATE |
| No. | Afte e as | mark | | 221.1 certify the (I tily hos | antal) attended the decaded from | | 10 | 76 | 10/29 | 10 8 | 7 | t (I (we) last |
| | TEN TOR Or US | 21 15 | | -saw the deceased alive by | 10/29// | X7 . 01 | nd that in (my) (our) | opinion death | occurred on the do | e and hour and f | / | |
| | OR AT e hosp DIREC Iched f | tem | | 126 SIGNATURE | of one the body offer death. | 7 | EGREE | | | - 2 | N. DATESIG | NEP |
| | All All deto | per la | | 1 Ve | X Arvin | MMI | ATTEN PHYSI | | EDICAL STAFF | | 10/31 | 187 |
| | ned by FUNER | AAA | | THE PHYSICIAN & NAME (1498 | DR PRINT | 1.0 | 22e ADDRESS | 2012 | 1 - 1 | DI V | 2/1 | 11 0 |
| | etained by TO FUNER should be a | MPORTANT | | 1 HM MASS | . STEVAY IL | 4. | 11310 | VIU C | rogelin | 1160. K | ocken | 117 10 |
| | BP | | 23a B | URIAL, CREMATION, REMOVA | | UD EAN | MEM GDN | | OLNE | Y MD. | JT Y | STATE |
| | DHMH - 16 60N | 17.84 | 24 FL | INERAL DIANGRANSKY | -GULVBERG MEM | CHPS | INC. | 25a DATE REC | D BY REGISTRAR 2 | ShAREGISTRAR'S | SIGNATUSE | dass |
| | (VRA 15, 4 | | | 1170 ROCK | VILLE PK. ROC | KVILL | E MD. | NUV C | 14 198/ | Julia Dan | Mr. Ym | |



J7 BIRTE

160 W TYE

CERTIFICATION

MEDICAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| D | g. | C | N | 0 |
|---|----|---|---|---|

| REGISTRAR | | | CERTIFICA | I TU II | PEATH | REG. NO | | | | |
|------------------------|--|---|----------------|----------|-------------|--------------------------------|-----------|-------|----------|-------|
| 1 DECEASED NAME | FIRST | MIDDLE | LAST | | | 20 DATE OF DEATH MONTH | DAY | YEAR | 26 HOU | - |
| | EDNA | | KASN | ETT | | October 2, 198 | 7 | | 10: | 22ª M |
| 3 SEX | 4 RACE | | 5. DATE OF BIR | | | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER | YEAR | IF JNDER | |
| Female | Whit | е | March | 12, | 1901 | 86 YRS | W DN | - A 1 | HO IR | MIN. |
| O-BIRTHPLACE ATEORE | OREIGN 76 CITIZEN C | F WHAT COUNTRY? | MARRIED - | NIEV/ED | MADDIED [| 9 BALTIMORE CITY OR COUN | TY OF DE | HTA | | |
| Balt., Mary | land U.S | . A . | WIDOWED | | VORCED | Montgomery Co | unty, | | | MD |
| 10 CITY OR TOWN OF DEA | | F HOSPITAL, NURSIN | | | | 120 USUAL OCCUPATION | | | FBUSINE | SSOR |
| Silver Spring | g Carri | age Hill c | of Silver | r Sp | ring | Housewife . | (IFE) IND | Hor | me | |
| | ng home or other institution 136 country Montgomery | ON GIVE RESIDENCE BEFORE 130 CITY OR TOW Kensingt | N 113d | INSIDE C | ITY LIMITS? | 130 STREET ADDRESS / ZIP CO | | Ave | . (20) | 895) |

| HERSNAME | | | D WO | HER S MAIDEN N. | AME | | |
|----------|-----------------------|-------------------------|---------|-----------------|--------------------|--------|---------------------|
| FIRST | MIDDLE | LAST | 1 | FIRST | WIDDLE | l. | AST |
| Wolf | | Margolius | | Jenny | | Col | nen |
| | IN U.S. ARMED FORCES? | 166 SOCIAL SECURITY NO. | 17 INFO | RMANT | #1301; Rockvil | le,Md. | 20852 |
| NO | | 578-44-7802 | Dr. | Shelton | Kasnett; Son; 1050 | 0 Rock | ville |
| | | | | - | | COLORA | STATE OF THE PARTY. |

| 110 | 1370 44 7002 TDL. SHELLON NASHELL, SON, IV | JUU WEEKATITE ET |
|---|--|---|
| 18 CAUSE OF DEATH Enter of | nly ane cause per line for rol, ib., and ic. ED BY: PNE DMONIA | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIA | TECAUSE (a) PNEDMONIA | 4 DAYS |
| Canditians, il any, which | DUE TO, OR AS CONSEQUENCE OF HEART FAILURE | 5 YEAR |
| gove rise to immediate couse in stating the | DUE TO, OR AS A CONSEQUENCE OF | |

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0

| 90 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION | WAS PERFORMED | 200 AUTO | | 206 IF YES, WERE IN CERTIFYING C | FINDINGS USED |
|-----------------------------|-----------------------------------|----------------------|----------|----|-------------------------------------|---------------|
| | | | YES 🗌 | NO | YES 🗌 | NO [] |
| 1. ACCIDENT WAS HINDERLYING | 216 TIME OF INTURY | THOW INDIES OCCUPAGE | | | | 0.01 |

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER PM

211 LOCATION 21d INJURY OCCURRED TE PLACE OF INJURY ITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC) NO! WHILE

220.1 certify that II (this haspital) attended the deceased fram saw the deceased alive an SPT 29
above (h (we) (did) (did not view the body after death and that in (my (aur) apinian death occurred an the date and have and from the causes stated

DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

10/4/87

M. WISEMAN, M.D.

23a BURIAL, CREMATION, REMOVAL

(SPECIFY)

Burial

5410 Connecticut Avenue, N.W., #103; Wash, D.C.

Oct. 2, 1987

23c NAME OF CEMETERY OR CREMATORY Beth Sholom Cong. Cemetery; Capitol Heights; P.G, Md.

24 FUNERAL DIRECTORDANZANSKY-GOLDBERG MEMORIAL CHAPELS with my indelle 1170 Rockville Pike; Rockville, Md. 20852

prior TO FUNERAL DIRECTOR MPORTANT etoined by

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

BP.

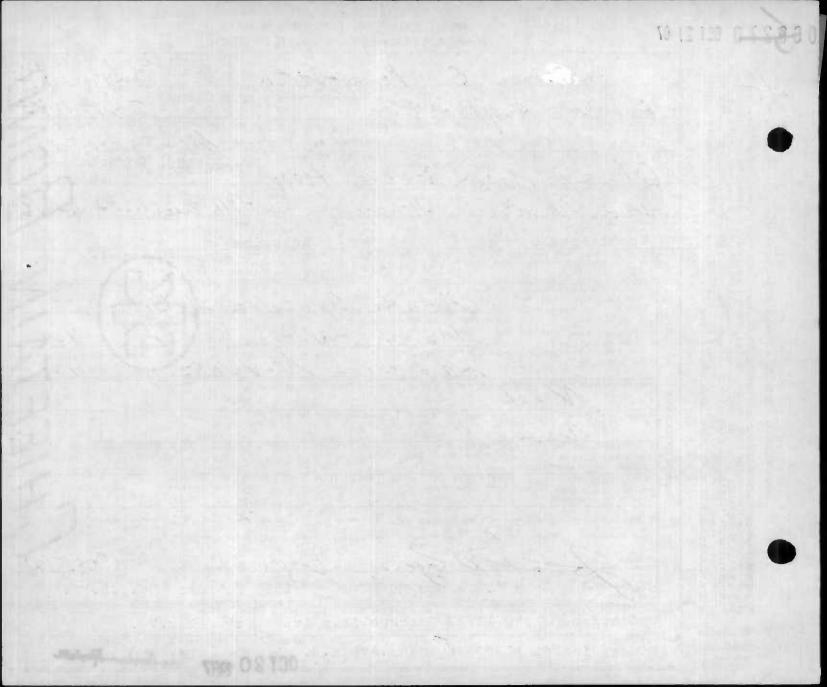
DHMH 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL YORKNE REGIS RAR REG. NO YPE R PRINT DEATH MATED RONOUNCED DEAD BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Tenn USA WIDOWED 2 DIVORCED O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ystems 136 COUNTY 30 STATE 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST LAST Unobtainable Unobtainable 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 2'90'8 Collins Avenue Wheaton, Md. (IF YES GIVE WAR OR DATES) 64 3494 Ted Randolph (Son) 18 CAUSE OF DEATH (Enter anly ane cause per line lar (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE | al DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate ; WRITING THE WORD "PENDING" IN PENV WARDED TO THE CHIEF MEDICAL EXAMIN PAGE 3 SHOULD BE USED AS A BURIAL - TR, STATE DEPARTMENT OF HEALTH AND MENT, 21201 PRIOR TO BURIAL, CREMATION. OR cause (a) stating the under DIVISION OF VITAL RECORDS, 201 lying cause last PART 2 OTHER SIGNIFICANT COMDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T o CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [IN TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21 LOCATION WHILE AT WORK AT WORK CITY OR TOWN EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE STA EXAMINER: 220 I certify that I taak charge of the remains described above, held an Inspection death resulted fram Natural causes Accident Suicide Hamicide L Undetermined manner TITLE (SPECIFY ACTUAL John S. Rogers MD EXAMINED'S NAME 1919 Seminary Rd.S.S.Md. 230 BURIAL CREMATION REMOVAL 236 DATE 10/19/8 236 NAME OF CEMETERY OR CREMATORY Metropolitan Crematory 25M 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR S SIGNATURE

DHMH - 17 (VR A15 ME (5))

Hines/Rinaldi 11800 New Hamp. Ave, S. S.

his Davidson



TO HOSPITAL OR ATTENDIN

BP.

DHMH 16 60M 7 84 (VRA 15, 4)

07035

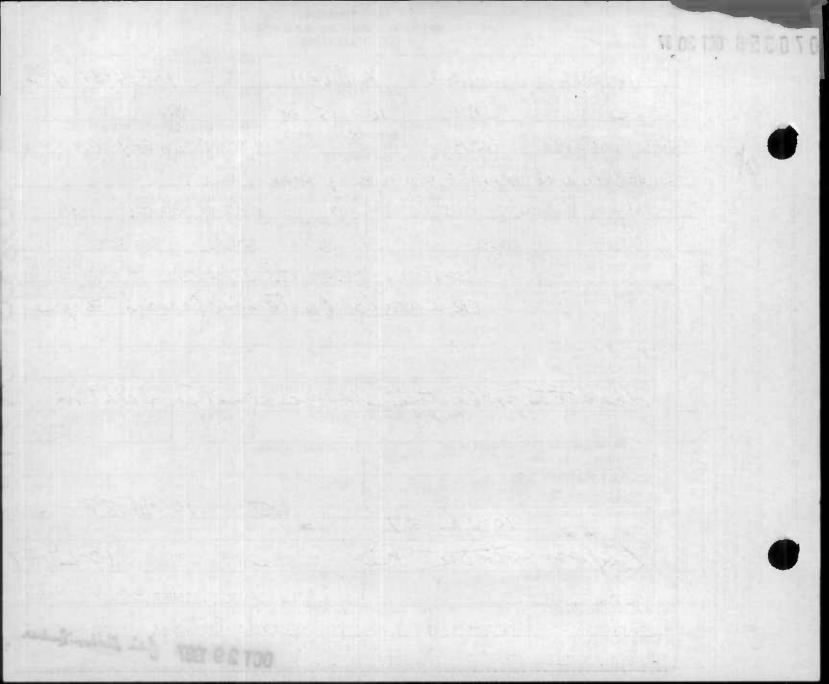
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 CERTIFICATE OF DEATH

| 30 | 87 | FOR STATE REGISTRAR | | | DEPART | | EALTH AND MENTAL H | YGIENE | REG. 1 | NO. | 1 | |
|---------------------------------------|---------------|--|--|--|--|----------------|-------------------------|--------------------|----------------|-----------------------------------|----------------|----------------------------|
| | I DE | CEASED NAME | FIRST | 10 | MIDDLE | 2 | idual) | 20 DATE C | | MONTH DA | 1 YEAR 26 | HOUR 10 |
| | 3 SE | F.O. | 4 | RACE | OUD - | 5 DATE O | | 6 AGE IIN | YEARS LAST B | IRTHDAY) II | | UNIVER SHEY |
| 17 | | RTHPLACE IN ATEORER | - A - | CITIZEN OF | WHAT COUNTRY? | MARRIEE WIDOWE | | 9 BALTIM | ORE CITY | OR COUNTY O | OF DEATH | M |
| 1 | 10 Cl | WER SPRIN | | | HOSPITAL, NURSING HEACILITY, GIVE STREET | NG HOME O | ROTHER INSTITUTION | (TYPE OF WO | OCCUPATION OST | OF WORKING LIFE | 176 KIND OF B | |
| 3 | 13a S | AL RESIDENCE LIF NURSI STATE ARYLAND | 13P COUNTA | HER INSTITUTION OF THE STATE OF | SILVER S | VN I | 134 INSIDE CITY LIMITS? | 13e STREET | ADDRESS | / ZIP CODE /ER ST. | 20901 | |
| 0 | | GEORGE | | RIVERS | LAST S | | 15 MOTHER'S MAIDEN I | | MIDDLE SE | SEDG | EWICK | |
| / | | VAS DECEASED EVER I (ES NO OR UNKNOWN) | IN U.S. ARME (IF YES GIVE W NONE | | 265-13-4 | | RICHARD KIT | WELL 42 | ADDR | .200 | MD. SIVER S | 20901 SPRING |
| | | 18 CAUSE OF DEATH PART I. DEATH W. | AS CAUSED I | BY | Bener | ali | sedarte | Trios | cle | roses | BETWEEN ONS | E INTERVAL ET AND DEATH |
| ory. of other reco | z | Conditions, if any, gove rise to Imm couse Tollistating underlying couse | nediote g the last | DUE TO, O | R AS A CONSEQUE | ence of | NOJ RELATED TO THE TE | RMINAS DISEA | si gred | DOITION GIVE | MAPARIAL | 2 |
| ows ony in | CERTIFICATION | 19a DATE OF OPERAT | ION | 196 COND | ITION FOR WHICH | OPERATION | N WAS PERFORMED | 200 AUT | OPS/P | 20b IF YES, IN CERTIFY! YES | WERE FINDINGS | S USED DEATH? |
| lem 10 sno | | 21a ACCIDENT WAS UND OR CONTRIBUTING C | AUSE OF DEATH | 216 TIME O HOUR A. | M. MONTH D | AY YEAR | 21c HOW INJURY OCC | URRED (ENTER | ATURE OF INJ | URY IN ITEM 18 PAR | | |
| rked or I | MEDICAL | 21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR | ILE 🗀 | 21e PLACE | OF INJURY REET FACTORY OFFICE | FARM ETC) | 211 LOCATION STREET | | CITY OR 1 | Own Own | COUNTY | TATE |
| om 81 7 | | 22a I certify that (1) sow the deceose | d alive on | 10 | 22 198 | 7, on | d that in (my) 🗪 opinio | on death occurr | ed on the o | dote and hour | tha | t 1: (lost ises stated |
| E | | THE SUPPLIFIE | ny | sta | che | his | ATTENDING PHYSICIAN | MEDICAL DIRECTO | STA | AFF ICIAN [| 10-2 | 7-8 |
| Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z | , | GEORGE F | | | | | 9241 COLUM | BIA BLU | D.SII | VFR SPI | RING MD | 20910 |
| ξ- / | | | | | | | | | | | ALIVE PIPE | |



STATE OF MARYLAND

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| ARTMENT | OF | HEAL | TH | AND | MENTAL | HYGIENE |
|---------|-----|------|----|-----|--------|---------|
| CE | RTI | FICA | TE | OF | DEATH | |

| 1 | FOR STATE REGISTRAR | | DEPART | | EALTH AND MENTAL HYG ICATE OF DEATH | REG. NO |). | | |
|---------------|--|----------------------------------|--|-------------------|---|--|--|-------------|---------------------------------|
| | CEASED NAME FIRST | | MIDDLE | | 6ST | 20 DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR |
| 1 | CARO: | I.VN_ | M. | . к | ING | 10-3 | 1-8,1 | | 1018 M |
| 3 | SEX | 4 RACE | | 5 DATE C | OF BIRTH | 6 AGE (IN YEARS LAST BIR | HDAY) IF IN | DER HEAR | 1 NUER HE |
| | Female | Whi | te | Jan. | | 90 | YRS | no seen | HC UK MIN |
| 70 | BIRTHPLACE THATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED | WBALTIMORE CITY O | | DEATH | |
| V | irginia | U.S. | Α. | WIDOWE | | montioner | 4 | | MD |
| 9.0 | CITY OR TOWN OF DEATH | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 120 USUAL OCCUPATA | | 26 KIND OF | BUSINESS OR |
| 1 | Jaithershurg | wilso | n healt | h ca | re Center. | Housew | ife | Hon | 16 |
| 134 | a STATE / 136 CC | | 13t CITY OR TOW | /N | 13d INSIDE CITY LIMITS? YES NO | 13e STREET ADDRESS | | 3 00 | 2853 |
| - | FATHER'S NAME | tgomery | Rockvil | Te | 15 MOTHER'S MAIDEN NAM | 5717 Stil | TMETT K | a. 20 | 1071 |
| 1 | William | MIDDLE | Morefie | ld | Brownie | WIDDLE | | ding | |
| 160 | WAS DECEASED EVER IN U.S. | ARMED FORCES? GIVE WAR OR DATES! | 166 SOCIAL SECU | | 17 INFORMANT | ADDRE | | | |
| | No - | | 225-22- | 0787 | Marvin E. K | ing (son) | same as | | LATE INTERVAL NSET AND DEATH |
| NOIL | Conditions, if any, which gave rise to immediate cause a stating the inderlying cause last | DUE TO, O | R AS A CONSEOU CEREBR R AS A CONSEOU CHRONI ONTRIBUTING TO | ENCE OF DEATH BUT | LAR INSURFICIE RGANIC BRAI NOT RELATED TO THE TERMI | N SYNDRON INAL DISEASE OR CONI | DITION GIVEN II | | |
| CERTIFICATION | DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | n was performed | 200 AUTOPSY? | 20b IF YES, WE IN CERTIFYING YES | | |
| MEDICAL CER | | DEATH HOUR A | M. MONTH D M. | AY YEAR | 21¢ HOW INJURY OCCURR | ED LENTER SATURE OF SOUR | A STATE BEAR | PPARI, | |
| MED | 21d INJURY OCCURRED AMILE NOT WHILE AT WORK | | OF INJURY REET FACTORY OFFICE | FARM ETC) | 21f LOCATION | CUR OR TO | WN | CUNIY | ATE |
| | 220.1 certify that (1) (this has saw the deceased alive above (1) (we) (did) (did) | on_10/30 | 19 4 | / | nd that in (my (our) opinion o | to 10 - 12 | ite and have and | from the co | |
| 4 | 22b SIGNATURE | v | | | | MEDICAL STAF DIRECTOR PHYSIC | | 22¢ DATES | IGNED |
| | 181NG MI | EUS, MC |) | | 5413 CEC | AR LANE # | 206C B | ETHE | SOA MO |
| | BURIAL CREMATION, REMOV (SPECIFY) Burial FUNERAL DIRECTYSON | 11/7/ | 87 0 | akwoo | emetery or crematory od Cemetery | 23d LOCATION Pulaski REC D. BY REGISTRAR | , Virgin | | TATE |

1331 Rockville Pike, Rockville, Md. 20852

DHMH - 16 60M 7 84 (VRA 15, 4)

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Jan. 24, 1897 90

W.S.A.

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Maryland Montgomery Rockville H 5717 Btillyell Rd. 20851

Lore Tiple Brownia President

220-22-0787 Varvio L. Man (son) and as 15c

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STATE OF MARYLAND

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| 2 5 001 | 26 | 1 - | FOR STATE REGISTRAR | DEPART | MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH | REG. NO | |
|---|-----|---------------|---|---|---|-------------------------------------|--|
| _ | 40 | | CEASED NAME FIRST | WIDDLE | LAST | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| oge 3 | | (ITPE | Joan | n W. | Kina | 10 | 19 87 01 38% |
| p od | | 3 SE | | 4 RACE | 5 DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF INDER YEAR IF INCER . 4 HR |
| ctor s oft | | | female | white | 10 08 27 | 60 YR | MONTHS DAYS HOURS MIN |
| Pag | in | 7a Bi | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | 2 8 | 9 BALTIMORE CITY OR COU | |
| eoth T | 1 | | NEW JERSEY | USA | MARRIED NEVER MARRIED WIDOWED DIVORCED | Montgomore | Committee |
| e for | | 10 C | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSI | NG HOME OR OTHER INSTITUTION | Montgomery 120 USUAL OCCUPATION | 126 KIND OF BUSINESS OR |
| The safe | 7 | | Olney | (IF NOT IN SUCH FACILITY, GIVE STREE Montgomery Ge | | TEACHER | EDUCATION |
| hou hou | 100 | 13a. S | AL RESIDENCE (IF NURSING HOME O | ROTHER INSTITUTION GIVE RESIDENCE BEFOR | RE ADMISSION) | 13e STREET ADDRESS / ZIP CO | ODE |
| The self | 2 | | | | SPRINGSYES XX NO [| 17501 DOCTOR | |
| The Contract of the Park | 1 | 14. F.A | THER'S NAME | MIDDLE LAST | 15 MOTHER'S MAIDEN NA | | |
| ald wo | 0 | | RICHARD J. | WEENACHT | MARGAF | | RATTIGER |
| d co | 1 | | VAS DECEASED EVER IN U.S. AF | RMED FORCES? 166 SOCIAL SEC | | ADDRESS | MIDDLETOWN, Md. |
| s. Pog | / | () | RIO | 152-20-9 | 9850 MARY K. PET | ERSON 8204 PET | TE WYLES RD. |
| hysicile ooper ovol | | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE | nly one couse per line for a1, 1b a | nd ic | 4_ | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| entification of poor poor poor poor poor poor poor p | | | | TE CAUSE (o) | ic by monant de | LG2 / | |
| endin corn | | | | DUE TO, OR AS A CONSEQU | JENCE OF | | |
| dec | | | Conditions, if any, which gove rise to immediate | (b) | | | |
| Se ren crem | | | cause a stating the underlying couse lost | DUE TO, OR AS A CONSEQU | JENCE OF | | |
| pleo priol | | | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | AIN ALDISEASE OR CONDITION | CIVEN IN PART 1 = a |
| Then to bi | | NO | Motec | fatic vaca | ~ (| MITAL DISEASE ON COMPINON | GIVEN IN FART TO |
| w : nit] rrior iny ii | 1 | ATIC | 190 DATE OF OPERATION | | HOPERATION WAS PERFORMED | 200 AUTOPSY? 206 IF | YES, WERE FINDINGS USED |
| hos hos perrep | X | CERTIFICATION | | | | YES NOT IN CE | RTIFYING CAUSES OF DEATH? YES \(\begin{align*} |
| ysicio ysicio cote onsit Aygie 8 sho | | ERI | 210 ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 21¢ HOW INJURY OCCUR | RED LENTER NATURE OF PAJURY IN LIEM | |
| phy phy phy pol-tre | 7 | | OR CONTRIBUTING CAUSE OF DE | | DAY YEAR | | |
| ding ding is ce burn Men | | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY | 211 LOCATION | | |
| otten ter th s the h and | | WE | WHILE NOT WHILE AT WORK | (AT HOME STREET FACTORY OFFICE | FARM ETC STREET | ITY OR TOWN | OUNTY |
| A A A A A A A A A A A A A A A A A A A | | | 22a I certify that H This hosp | ital attended the deceased from. | Oct 18 19 8 | 1.10 Oct 19 | 1987 that It (we) lost |
| TTE prito DTO for of h | | | saw the deceased olive or obove, (1) (we) (did) (did no | view the body after death | ond that in (my) (our) opinion | deoth occurred on the date and | hour and from the couses stated |
| hos hos ined lept lept | | | 226 SIGNATU E . | Det o | DEGREE | | 22c DATE SIGNED |
| Al Date Date Date Date Date Date Date Date | | | - Torce/ | immany Dr. 6 | ATTENDING PHYSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN | 10/9/87 |
| SPIT NER NER be c e Ste | 1 | | 22d PHYSICI N'S NAME (TYPE) | OR PRINT) | 22e ADDRESS | | - |
| etained TO FUNI should b with the | 1 | | (a lock | < Simon | no Mati | Con Ho | sotal, Olner Md |
| of of short start of | IV | 230 B | URIAL, CREMATION, REMOVAL | 23b DATE 23c | NAME OF CEMETERY OR CREMATORY | 130 LOCATION | 1 1 |
| BP | 1 | 1 | CREMATION | | CHAMBERS CREMATORY | RIVERDALE. | P.G.C. Md. |
| DHMH - 16 60M 7/ | 84 | 24 FL | INERAL DIRECTOR | ADDRESS | 20910 250 DA | TE REC D. BY REGISTRAR 256 REC | |
| (VRA 15, 4) | | W | . W. CHAMBERS C | | R SPRING Md. OCT | 23 1007 | C44 - 30 - 0 m |

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PRESTON ST DIVISION OF VITAL RECORDS, 201 De o

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYBIENE

CERTIFICATE OF DEATH

YEAR

REG. NO 20 DATE OF DEATH MONTH 2b HOUR 0200 10 6 AGE (IN YEARS LAST BIRTHDAY) 66 YRS BALTIMORE CITY OR COUNTY OF DEATH

3 SEX 4 RACE DATE OF BIRTH MONTH White TO BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland USA WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Crane Operator

126 KIND OF BUSINESS OR INDUSTRY Construction

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE Maryland 4 FATHER'S NAME

No

CERTIFI

MEDICAL

00

Rockville

- STATE

(TYPE OR PRINT

REGISTRAR

1 DECEASED NAME

136 COUNTY Montgomery MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

IMMEDIATE CAUSE (a)

Gaithersburg

YES V NO [IS MOTHER'S MAIDEN NAME Mabel

113d INSIDE CITY LIMITS?

215 Lee St. Apt2 MIDDLE

13e STREET ADDRESS / ZIP CODE

Montgomery

Buriss

20877

Lawrence 60 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I DEATH WAS CAUSED BY

King 166 SOCIAL SECURITY NO 214-18-8370

13c. CITY OR TOWN

17 INFORMANT

Peggy Ann White, Mt. Airy, Md. 21771

Conditions, if ony, which gave rise to immediate couse o stating the underlying couse last

DUE TO, OR AS A CONSEQUENCE OF an sanso

bleeding PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a

96 CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY?

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART - R PART .

21d INJURY OCCURRED AT WORK 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)

211 LOCATION

sow the deceased alive on above, (1) (we) (did) (did not) view the bady after death 226 SIGNATURE

ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

ond that in (my) (our) opinion death accurred on the date and hour and from the causes stated

NO

CITY OR TOWN

22c DAVE SIGNED

22d PHYSICIAN'S NAME (TYPE OF PRINT

nrou

22a. | certify that (1 (this hospital) attended the pleceased from.

22e ADDRESS

Burial

230 BURIAL, CREMATION, REMOVAL Oct. 16,1987

23c NAME OF CEMETERY OR CREMATORY Flower Hill Church

DEGREE

Redland 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNAT

Montgomerv

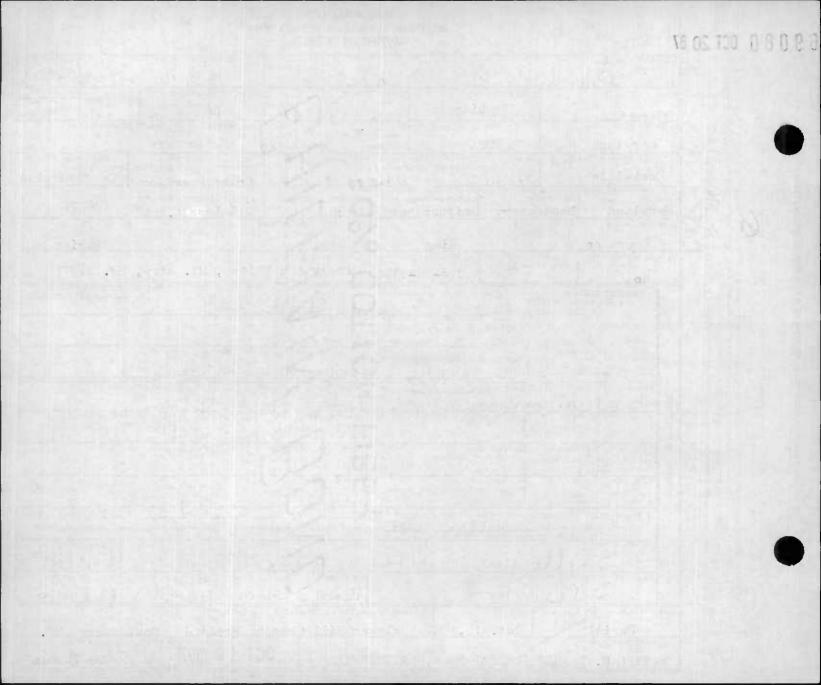
24 FUNERAL DIRECTOR DHMH = 16 60M 7/84

PORTANT

(VRA 15, 4)

FUNERAL I

MURIEL H. BARBER FUNERAL HOME, LAYTONSVILLE MI



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYSTENE CERTIFICATE OF DEATH

- STATE REG NO TH. DATE OF DEATH HCEASED NAME 75. HOUR (TYPE OR PRINT) Μ. Kitchen 5 DATE OF BIRTH 4 RACE AGE INTERNITARI LAW BRITISHE FUNDER! HAR 3 SEX Jan. 8, 1902 Temale Caucasian 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY United States | WIDOWED X) Montgomery County Marvland 18 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Rockville Shady Grove Adventist Hosp. Homemaker Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 30 CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 10401 MacArthur Blvd/20854 113d INSIDE CITY LIMITS? Montgomery Maryland Potomac YES X 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Marsden MIDDLE Gertrude Hi11 Franklin ADRESS 2 Box 99-114 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST Meredith E. Hill 217-48-2894 no Inwood, West Virginia APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse penline for io . ib . ond PART I DEATH WAS CAUSED BY MICHE ACUITE IMMEDIATE CAUSE 10 ASSIVE Conditions, if ony, which gove rise to immediate couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED I ENTER NATIRE OF INJURY IN ITEM 18 PART OR PART / HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY TALE ITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC. AT WORK NO! WHILE 220 I certify that (I) (this hospital) attended the deceased from sow the deceased alive on Jent and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (see idid) (did not view the body after death 226 SIGNATURE DECHEE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME 22e ADDRESS 230 BURIAL CREMATION REMOVAL 236 DATE OCT (SPECIFY) Burial Potomac, Maryland Church Cemeter REGISTRAR 236 REGISTRAR'S SIGNATURE A Pumphrey Funeral Hom Chase, Inc. Ave. Bethesda, MD 20814 Bethesda-Chevy Home /

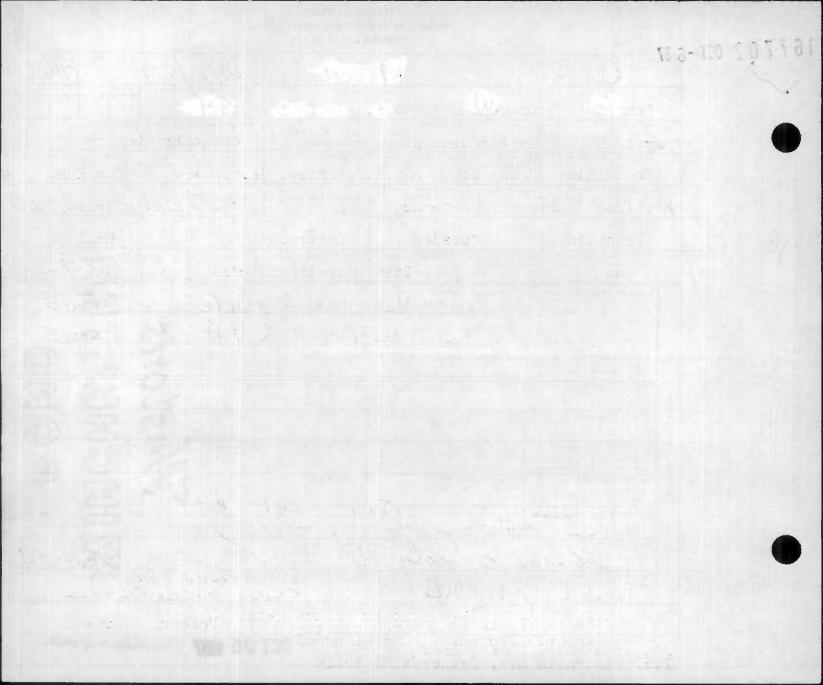
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGRENE

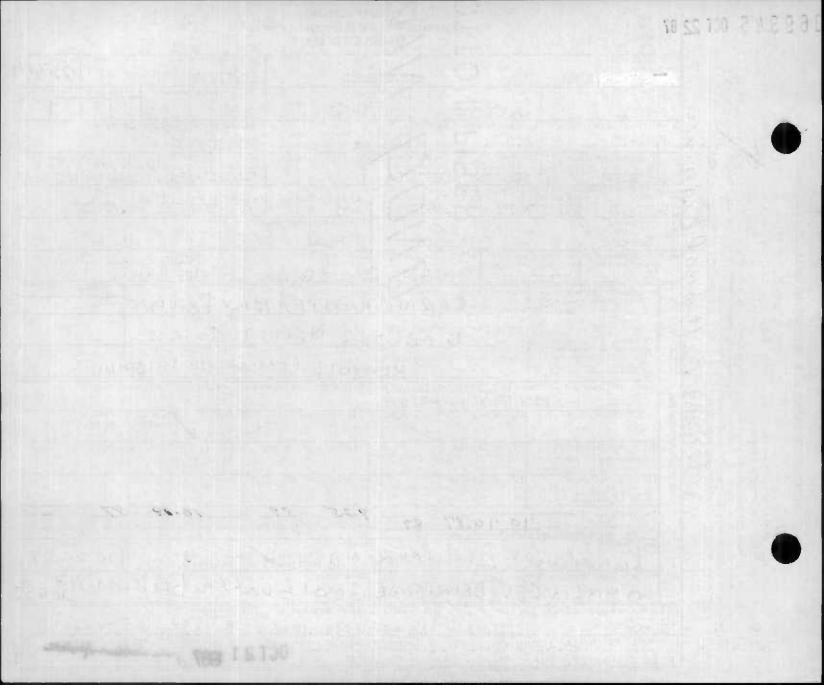
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|------------------------------|---------------|--|---|--|---------------------|--------------|--------------------------------------|---------------------------------|--------------|-----------------|----------------|
| Q OCT | 1152 | MEDNAME | FIRST | N | NIDDLE | | ACT | REG N | MONTH D | A) YEAR I | 2b HOUR |
| 001 | 10 | A PRINTI | INA | | | OUN | ER | A DATE OF DEATH | 0-7 | -87 | 450 A |
| | 3 SE) | | | 4 RACE | | 5 DATE C | | 6 AGE IN YEARS IN I BH | HDAY | IF NUFR LAR | IF THE RESERVE |
| | | vemale. | | W, | nite | Marc | ch 15 -1898 | 89 | VDE | Chileft Tari | HC R WIN |
| 20 | 7a B1 | RTHPLACE ALE A | FOREIGN 7 | | VHAT COUNTRY? | 8 | | 9 BALTIMORE CITY C | RCOUNTY | OF DEATH | |
| /1/ | | stro-Polar | | United | d States | MARRIE | | MONTE | FOOT | IER | Y. MD. |
| 3/ | 10 CI | TY OR TOWN OF DEA | ATH | | OSPITAL, NURSIN | | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | | | BUSINESSOR |
| 4 | | ockville | | Hebrey | w Home of | Grea | ter Washingto | | | Hor | me |
| 35 | | AL RESIDENCE IF NURS | | tgomery | Rockvil | | 13d Inside City Limits? | 13e STREET ADDRESS 6121 Mont | | 24 | 20852 |
| 17 | 14 FA | THERSNAME | | | | | 15 MOTHER'S MAIDEN NA | ME | -1000 1 | | |
| D/ | | Solom | | AIDDLE | Kornbla | 117 | Sarah | MIDDLE | | , AL | |
| | 16n V | VAS DECEASED EVER | | AED FORCES? | 16b SOCIAL SECU | | 17 INFORMANT | ADDR | ESS | Han: | 8 Franwal |
| 4 | | ES NO OR UNKNOWN | | WAR OR DATES | 082 07 2 | | Daughter: A | lice Kovner | Bruck | | ,Md. 2090 |
| s any injury, at other traum | CERTIFICATION | Conditions, if ony gove rise to immediate a static underlying cause | mediate ag the last NIFICANT C | DUE TO, OR | | ENCE OF Q | the roscles NOT RELATED TO THE TERM | COS IS INAL DISEASE OR COM | 396. IF VES. | N IN PART TO | |
| (\$\) | RTIF | | | | | | | HS D WXX | YES | | NO. |
| 9 | | ON COMMISSIONS (III) | CAUSE CO DE AT | Walter And Committee of the Committee of | A MONTH DA | LY YEAR | 21) HOW MURRY OCCUR | HD (miss such as well | N POTA IS NO | ar conserve | |
| 1 | MEDICAL | 214 NUMY OCCUR | | 714 PLACE C | | 14. | 211 LOCATION | 100 | | 1000000 | |
| | WE | JELO TE | | CATHGINE STR | MT FACTORY OFFICE A | ADE I'C | S. MALKY! | (more | | COUNTY | NAM. |
| | | 174.1 certify that X town the decimal of the certification of the certif | Sulver on | all to | 7 10 | | THE ADDRESS | MATERIAL STA | MAN() | and from the co | |
| / APORT | | LORER | 0 | | 3100 | | 6121 M | ONTROS | E | Rd. | |
| | | urial, CREMATION, Irial | | | 1,1987 S | tar o | EMETERY OR CREMATORY f David Mem. | Pk., CITY OF Mia | mi, Fl | orida | TATE |
| 7 84 | 24 FL | INERAL DIRECTOR I | ves-Pe Fall | earson F s Churc | uneral Hehr 2 | omes 2046 | 250 DAT | E REC D BY REGISTRAR | | RARS SIGNATU | |

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STATE OF MARYLAND

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| 69345 OCT 22 | FOR STATE REGISTRAR | DEPARTMENT OF I | E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH | REG. NO | 0.5 |
|--|--|--|---|---|---|
| 202 | 1 DECEASED NAME FIRST | WIDDLE | LAST | 20 DATE OF DEATH MONTH DAY | YEAR 26 HOUR D |
| 4 75 | ANNA | KRASN | OGOR | 10/19/87 | 8.24 4 |
| 2 2 2 | 1.5EA | 4 RACE 5 DATE (| OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) IF | INDER YEAR IF INDER, LIHRS |
| 3 95 3 | FEMALE | CAUCASION 07 | /10/03 | 84 YRS | I MIN |
| 4 100 | 70 BIRTHPLACE INTATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? 8 | D NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY OF | FDEATH |
| 1/1/1/A | Poland | U.S.A. WIDOW | DIVORCED | MONTGOMERY | MD |
| | BETHESDA | 11. NAME OF HOSPITAL, NURSING HOME ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SUBURBAN HOSPITAL | OR OTHER INSTITUTION | 120 USUAL OCCUPATION 11 TYPE OF WORK FOR MOST OF WORKING LIFE! RETTRED—SEAMSTRE | 126 KIND OF BUSINESS OR INDUSTRY SS/LADIES WEAR |
| ND 212 | 13b COUN | OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ITY 13(CITY OR TOWN ROCKVILLE | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CODE 6111 MONTROSE RD | |
| 2 1 11 1 | 14 FATHER'S NAME | | 15 MOTHER'S MAIDEN NA | ME | |
| WAN ! WAS | Samuel | Kremple | Pearl | MIDDLE | Licht |
| MORE Spring | 160 WAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SECURITY NO. 104-18-5424 | TI INFORMANT | Potomac, I un; Son, 8105 Horse | Md. 20854 |
| ST. BALT | PART L DEATH WAS CAUSEI | y ane cause per line far at 1b, and c | 2 4 | LORY FAILURE | APPROXIMATE INTÉRVAL BÉTWEEN ONSET AND DEATH |
| festion death or describe or d | Conditions, if any, which | DUE TO, OR AS A CONSEQUENCE OF | ES MELL | ITUS. | |
| N IS THE WAY | cause la stating the underlying cause last | DUE TO, OR AS A CONSEQUENCE OF | SIBLE MY | UCARPIAL 954AE | UA |
| RDS. 24 | | ONDITIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION GIVEN | IN PART 1 a |
| ALPRECO | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATIO | N WAS PERFORMED | | VERE FINDINGS USED NG CAUSES OF DEATH? |
| OF VIT | 710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 PART |)R PART. |
| WISION CONTROL | 21d INJURY OCCURRED NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.) | 211 LOCATION STREET | CITY OR TOWN | ECUNTY HATE |
| TTENDS of 100 to | 220.1 certify that (1) (this hosped saw the deceased alive an abave, (1) (we) (did) (did not | attended the deceased from 10 -19-87 . o | 9-25 , 19 8 7 and that in (my) (aur) apinian | to | |
| At OR A the form of the form o | Kamahm | . 2 1 | DEGREE OM DATTENDING PHYSICIAN P | MEDICAL STAFF DIRECTOR PHYSICIAN | 10 -20.87 |
| O HOSPIT during by O FUNE Novid he in the St | KA MALIN | C-EV-DEIHNANDE | 6 col L | x Lang Rocki | where bes |
| Simerial | 23a BURIAL, CREMATION, REMOVAL | 23b DATE 23c NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | DUNTY |
| BP | Runial | 110/21/87 King Do | wid Mem. Garde | ink . Eall's Church . 1 | Fairkax: Va. |
| DHMH = 16 60M 7/84 (VRA 15, 4) | 1170 Pagebuille Di | SKY-GOLDBERG MEMORIAL | CHAPELS 250 DAT | T 2 1 1087 | R'S SIGNATURE |



3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 12 | net | 13 | 1 - 97 | FOR STATE REGISTRAR | DEPARTI | | EALTH AND MENTAL HYD | REG NO | |
|------------------------|---|-----|---------------|--|---|-------------|-----------------------------|--|--|
| 12 | 001 | 13 | | EASED NAME FIRST | WIDDLE | i d | AST | 20 DATE OF DEATH MON | TH DAY YEAR 26 HOUR |
| be 3 | 40 | | (1YPE | FLZAB | FTH Krantz | KU | EST | Octob | er 3 1987 10 32m |
| noy be | Ď | - 1 | 3 SEX | F11611P | 4 RACE | 5 DATE C | OF BIRTH | 6 AGE LIN YEARS LAST BIRTHDA | |
| ctoi | s of the | | | Female | Caucasian | May | 1010 | 75 | YRS MON HOUR MIN |
| B 8 | 1/2 | 1 | | OUNTRY) | 76 CITIZEN OF WHAT COUNTRY? | 8 MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY OR CO | OUNTY OF DEATH |
| 110 | \sim | 1 | | Illinois | United States | WIDOWE | | Montgomery | County |
| 1 | | 1 | | Y OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | ADDRESS . | 1 ./ · A 1 | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO | ORKING LIFE) - INDUSTRY |
| 5 9 9 | to a | 4 | | Rockville | SNady Grove HO | wen Tis | st Nursing lenter | Secretary | Newspaper |
| 24 ho | anust b | 3 | 130 S | TATE 136 COUN | tgomery Germant | N | 138 INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZII 18505 Nutme | g Place/20874 |
| thin thin | z sh | - | 14 FA | THER'S NAME | | | 15 MOTHER'S MAIDEN NAM | ΛE | |
| d w | puc | 3/ |) F: | rank | WIDDLE Krantz | | Dora | WIDDLE | Remissiong |
| cor | 5 0 | Ī | | AS DECEASED EVER IN U.S. AR | | JRITY NO | 17 INFORMANT Son | 10107 REHTU | ntley Avenue |
| exe ono | Poges nedio | | () | NO (IF YES GIVE | 343-09- | -0808 | Martin F. Ku | | pring, MD. 20902 |
| e be | the r | 1 | | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ficot | pop ovor ent. | | | | ly one couse per line for 101, 16 on D BY F CAUSE (0) | 0.1 | Vascolar a | ecider | BETWEEN ONSET AND DEATH |
| ng p | r ren | | | IMMEDIAT | | | VIIVEVIIL | | |
| end end | o con | | | Contract of | DUE TO, OR AS A CONSEOU | ence of | | | |
| e of | notic | | | Conditions, if any, which gave rise to immediate | (b) | | | | |
| y th | cren ther | | | couse of stoting the underlying cause lost | DUE TO, OR AS A CONSEQU | ence of | | | |
| the d be | or o | | | | (c) | | | | |
| equire n sign | Then to bu | | NO | PART 2 OTHER SIGNIFICANT C | CONDITIONS CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITI | ON GIVEN IN PART 110 |
| y dee | prio ony | 0 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATIO | N WAS PERFORMED | | IF YES, WERE FINDINGS USED |
| on hos | ene | X | TEX | NURC | | | | YES NOW | YES NO |
| ysic. | Hygin 8 sh | 0 | CER | 210. ACCIDENT WAS UNDERLYING | | AV VEAD | 21c HOW INJURY OCCURR | ED (ENTER NATURE OF INJURY IN | ITEM 18 PART OR PART /1 |
| Clar Ph | ol-tr lotr | 1 | ¥ | OR CONTRIBUTING CAUSE OF DEA | | AY YEAR | | | |
| deng deng | Mer or He | 1 | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY | | 211 LOCATION | TITY OR TOWN | COUNTY |
| G PH offen er fh | and and ked | | Z | WHILE NOT WHILE AT WORK | LAT HOME STREET FACTORY OFFICE | FARM ETC) | STREET | III OR IOWN | COOKIT |
| DIN O | olth | | | | ottended the deceased from_ | Jur | ne 15, ₁₉ 87 | october october | 03, 19 87 that I we last |
| TEN TOR | o F He | | | sow the deceased olive on | October 02. 19 | 87 | nd that in (my) 🗪 opinion (| death occurred on the date of | and hour and from the couses stated |
| A AT hosp | pt p | | | abave, (1) and find told no | t view the body ofter death | | DEGREE | | 224 DATE SIGNED |
| he los | e De | | | 1111 h 1 tt. | W D | | ATTENDING | MEDICAL STAFF | N Pot 3 1987 |
| by ERA | Stot | - | | 22d PHYSICIA - INAME (TYPE O | R PRINT) | | PHYSICIAN [| DIRECTOR PHYSICIAN | 5 10.10,737 |
| o FUN | should be de with the Stot MPORTANT | | | 11 Jelley | F. Witte | | 9715 Medic | 1 Centa D | Dein Rockille Md |
| 10 | 5 3 ≧ | , | | URIAL, CREMATION, REMOVAL | OCL. | | EMETERY OR CREMATORY | 23d LOCATION | COUNTY |
| BP | | | C | remation | | | ery Crematori | ım Bethesda | Montgomery MD. |
| DHMH 16 | 60M 7/ | 84 | | NERAL DIRECTOR Rober | t A. Pumphrey Fu | neral | Home/ 250 DAT | E REC D BY REGISTRAR 256 | REGISTRAR'S SIGNATURE |
| (VRA | | | R | ockville; Inc. | 20850 West Montgo | omery | Avenue UC | U 9 1981 Julia | , withdow - Nonpage |

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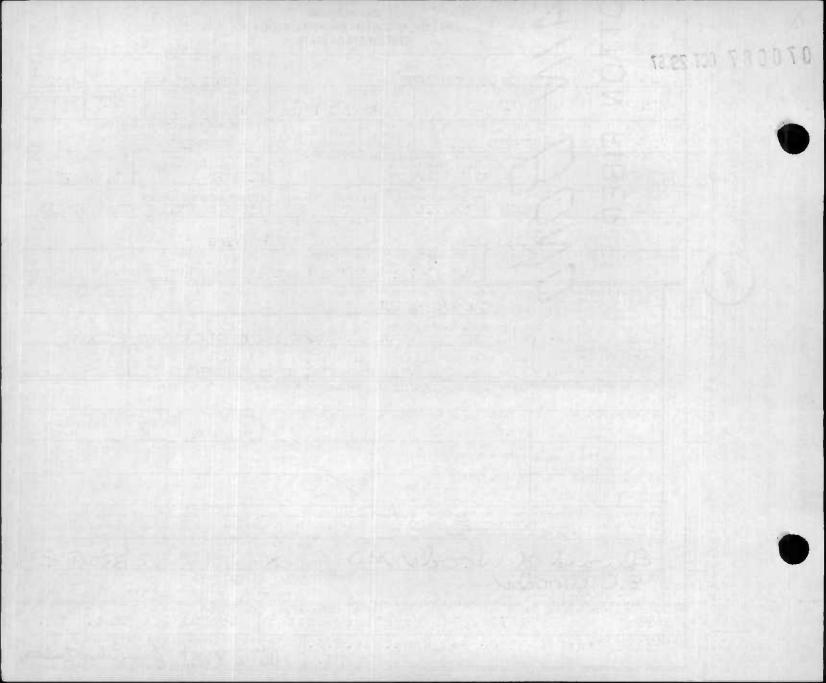
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| 1 | - | STATE |
| | | DECISTOAD |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | | 0. |
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| 108 | 7 OCT | DOE | SED NAME FIRST | MID | DIE | 1. | AST | REG NO | | YEAR | 26 HOUR |
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| , be | | PE PE | | LLIAM GEO | ORGE LAG | 0S | | OCTOBER 2 | 3 1987 | | 4.17 A |
| od | | 3 SEX | < | 4 RACE | | 5 DATE C | | 6. AGE (IN YEARS LAST BIR | | UNDER I VEAR | IF UNUER , 4 HRS |
| ge 4 | 2 | M | ALE | CAUCASIA | AN | JAN | UARY 2 1918 | 69 | YRS | | |
| P 100 | 19 0 | | RTHPLACE TATE OR FOREIGN | 76 CITIZEN OF W | HAT COUNTRY? | 8 MARRIEI | NEVER MARRIED 9 BALTIMORE CITY OR COU | | | JNTY OF DEATH | |
| deoth | 0 | M | ASSACHUSETTS | UNITED S | | WIDOWE | D DIVORCED X | MONTGOME | | | MD |
| rs after o | 27 | В | TY OR TOWN OF DEATH ETHES DA | (IF NOT IN SUCH F | ACILITY, GIVE STREET A | ITAL | PROTHER INSTITUTION | 120 USUAL OCCUPATION OF THE CONTROL OF WORK FOR MOST OF THE CONTROL OF THE CONTRO | | INDUSTRY | NAVY |
| filled in | o most | 130 S MAI | | | ROCKVIL | N | YES NO X | 13e STREET ADDRESS / 11801 ROCK | | PIKE | 20852 |
| ted with | 150 | | | ILLIAM LA | | | | O ZEPPOS | | (A° | şt |
| xecu | dmil g | | VAS DECEASED EVER IN U.S. AR | MED FORCES? 16 | SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDRE | | | |
| be e | X 1)/ | | YES | | 025-14- | 162 | GEORGE LAGOS | ,11801 ROCK | VILLE I | | |
| rhificate | H' | | 18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE IMMEDIA | nly one cause per lin ED BY TE CAUSE (a) <u>C</u> A | | | MD E | | | BETWEEN | IMATE INTERVAL ONSET AND DEATH |
| hot the death ce by the ottends | by the attending to ask remove corrections of an other troumatic | | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last | (b) A | AS A CONSEQUE | LEROT NCE OF | IC CORONARY AM | DISEASE | SE AND | ISCHE | MIC |
| gned | buria ry. or | | PART 2 OTHER SIGNIFICANT | CONDITIONS CON | | | | | DITION GIVEN | IN PART 1 | (I |
| nedul signature | in to | O. | | | | | | | | | |
| he low hos bee | lene prio | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITIO | ON FOR WHICH | OPERATIO | n was performed | 20a AUTOPSY? | 206 IF YES, V IN CERTIFYII YES | NG CAUSES | NGS USED S OF DEATH? |
| CIAN T 9 physic ertificate | ntol Hyg | | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | HOUR A.M. | month da | Y YEAR | 21¢ HOW INJURY OCCURR | ED (ENTER NATURE OF INJUI | RINIEM 8 PART | RPARI | |
| G PHYS ottendin | ked or II | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF | INJURY FACTORY OFFICE FA | ARM EIC | 21f LOCATION | CHYORTO | wN | OUNTY | TATE |
| TENDIN Dital or TOR Aft | of Health | | 22a I certify that (I) (this hosp saw the deceased alive an above, (I) (we) (did) (did no | _OCTOBER | 23 19 8 | OCTOB 7 | ER 18 19 87 and that in (my) (our) apinion of | to OCTOBER | 7 | | that (II (we) lost couses stated |
| AL OR A the hosp | T. If Item | | 226 SIGNATURE | | ood | , | DEGREE | MEDICAL STAI | | 220 DATE | |
| HOSPIT ned by FUNER | ORTAN | | 22d PHYSICIAN'S NAME ITYPE | 000 | | | 22e ADDRESS NAVAL | HOSPITAL | | 1 | |
| 10 To | MAPO M | 23a B | E L WOODS (| | | I A A A E O E C | EMETERY OR CREMATORY | SDA, MD 208 | 14-501 | 1 | |
| BP | | В | ürial | 10/26 | /87 P | arkl | awn Cemeter | y Rockvi | | Möht. | |
| DHMH 16 (VRA 1 | | 24 Ft | Hines/Rinald | i 11800 | Newalla | amp.A | Md. 250 DATE | CT 2 7 1987 | 1 . | 0 | TURE Randoss. |



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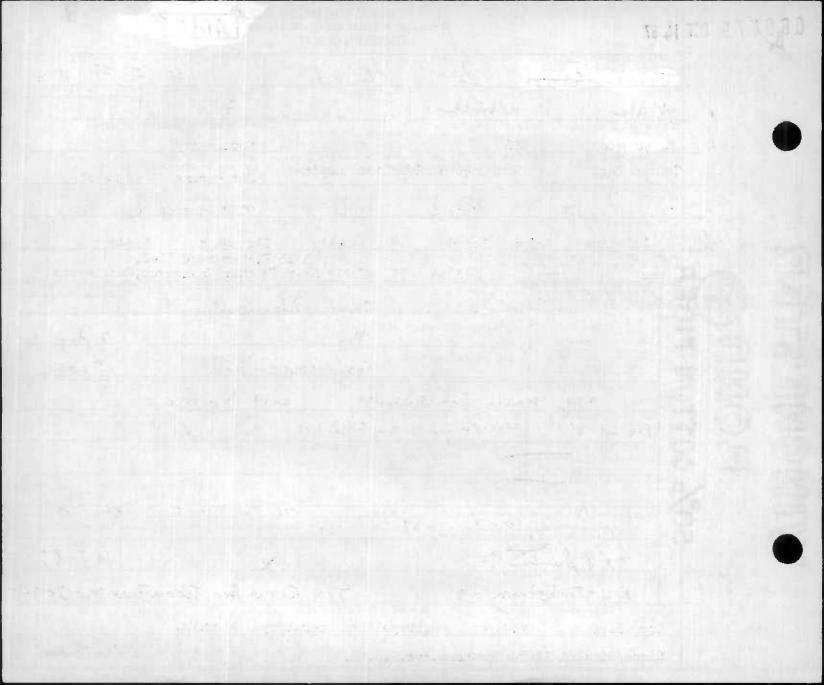
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| _ | D.T | | ^ | - | | | | | | | | | | | - | | 9 |

DEPARTMENT OF HEA CERTIFIC

| ALTH AND MENTAL HYGIEN | E / | 5 (| 3 | 1.02 | | |
|------------------------|---------------|---------|-----|------|---------|--|
| | KL | | | | | |
| 20 | DATE OF DEATH | H MONTH | DAY | YEAR | 26 HOUR | |

| | 1 0 - | | | | | A DAYS OF DEATH | Sir Stra In House | |
|--|---------------|--|--|----------------|------------------------------|-------------------------------------|---|------|
| m.e | | OR PRINT | MIDDLE | (| 9 . 1 | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR | |
| ge de | | Jerov | ne D | C | laird | 10 | 2 31 11 A | M |
| (o d) | 3 SE | | 4 RACE / | | OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER YEAR IF UNDER 24 H | HRS |
| 4 <u>0</u> 0 | LA | 1010 | While | MONT | | 53 33 | MON ITS WAT HOURS M | MIN |
| oge oge | 70 81 | RTHPLACE I MATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | 12 8 | 26 34 | 9 BALTIMORE CITY OR COU | | _ |
| 4 70 7 | | OUNTRY | | MARRIE | D NEVER MARRIED | PARTIMORE CITT ON COO | | |
| ot o | | shington | USA | WIDOW | | Montgomery | | MD. |
| i + 1 - 2 // | | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS | | | 12a USUAL OCCUPATION | 126 KIND OF BUSINESS | OR |
| to the day | Tal | koma Park | Washing ton A | dventi | st Hospital | Management | Hotel | |
| e file | | | OTHER INSTITUTION GIVE RESIDENCE BEFO | DRE ADMISSION) | | | | _ |
| d b | | TATE 136 COUN | | WN | | 13e STREET ADDRESS / ZIP C | | 13 |
| | Mo | | Adelphi | | YESX NO | 9200 Edwards | Way | 3 |
| 2 2 s | 19 FA | THER'S NAME | MIDDLE LAST | | 15 MOTHER'S MAIDEN NAM | WIDDLE | LAST | |
| d and | 1 | | alph Laird | | | | Lippert | |
| 5 3 7 1 5 | 160 V | VAS DECEASED EVER IN U.S. AR. | | CURITY NO | | E.Evergreen Blv | | |
| ed po | | * | y 543 34 | 9659 | | Nother) Vancouve | | |
| De | | es Arm | / D43 34 | 0070 | Merry Larra (F | lother) valicouve | | |
| | | 18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE | ly one couse per line for lat. Ib o | and Ic | 0.3 | 1 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEA | ATH |
| 學語注》 | | | E CAUSE (o) | | Candis - Pulm | Amst | | |
| | | | DUE TO, OR AS A CONSEO | HENCE OF | | | | |
| e Cil | | Conditions, if ony, which | OUE TO, OR AS A CONSEC | DENCE OF | Prevmoria | | 7 2,05 | |
| to the trout | | gave rise to immediate | (b) | | 1 INTURGUE | | 1.44 | _ |
| the remaining th | | cause to stating the underlying cause last | DUE TO, OR AS A CONSEO | UENCE OF . | Tallaber. | 1 | 7 | |
| ol. c | | orderlying coose lost | (c) | | Toxopasmosis | - broin | 1 ma | |
| ane gne burn pl | - | | CONDITIONS CONTRIBUTING TO | | | , | GIVEN IN PART 1 0 | |
| The The | ő | 0.09 | mmure det 5 | Th Aret | ne La: | Ft humipalics | 5 | |
| mit prid | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHIC | | | | YES, WERE FINDINGS USED | |
| ws men | E | Feb 23-87 | cran) otemy - | Mass - | GHILLAME | YES TO NOT | PRTIFYING CAUSES OF DEATH? | , |
| State of Sta | ER | 210 ACCIDENT WAS UNDERLYING | 216 TIME OF INJURY | | 1217 HOW INJURY OCCUP | RED LENTER NATURE OF INJURY IN ITEM | | |
| hys fro tro 11 Hy | | OR CONTRIBUTING CAUSE OF DEA | THE PARTY OF THE P | DAY YEAR | THE HOW MOOK! OCCOR! | LEMIER MATTINE OF IMPORT IN THE | 118 PART I ORPART, | |
| ng p | CA | (IF EITHER NOTIFY MEDICAL EXAMINER | P.M. | 19 | | | | |
| A W | MEDICAL | 21d INJURY OCCURRED | PLACE OF INJURY | 5 FaBaa 836 1 | 21f LOCATION | CITY OR TOWN | OUNTY | TE |
| the dry | 2 | AT WORK NOT WHILE | TALHOME SIREET PACTORY OFFIC | E PARM EIC I | | | | |
| o dish | | ^ | tol) ottended the deceosed from | Nail | 1076 | to 12-5 | 19.87 that (we) | lost |
| H G O O S | | | | 40 B | and that in My (our) opinion | death occurred on the date and | hour and from the couses stated | ed. |
| d for | | obove, (I) we) (did) (did no | Niew the body ofter death | | | | | |
| the Che | | ZB SIGNATURE | T Mi- | | DEGREE ATTENDING. | MEDICAL STAFF | 271 DATE SIGNED | 7 |
| AL AL Jeto | | KH Dan | 100 ID | | PHYSICIAN | DIRECTOR PHYSICIAN | 14-5-87 | |
| AN Ste Be | 1 | THE PHYSICIAN'S NAME (COR O | K 1914/2 | | 22e ADDRESS | | | |
| O FUNE Nould be | | R, N. Sont | Fran mo | | 7701 Cars | all Ave Tatama | Park, Ind 200 | 7/2 |
| 0 % 0 % 3 X | 22 | | | NAME OF | | 123d LOCATION | 10001 | |
| | | BURIAL, CREMATION, REMOVAL | | | CEMETERY OR CREMATORY | CITY OR TOWN | COUNTY | T E |
| BP | | Cremation | 10/6/87 Ne | tropol | itan Cremator | y Alex.Va. | | |
| HMH 16 60M 7/84 | | UNERAL DIRECTOR | | | 25a DAT | E REC D. BY REGISTRAR 256, RE | GISTRAR'S SIGNATURE | 7 |
| (1/04 15 4) | | lines/Rinaldi 1 | 1800 New Hamp A | VP.S.S | .Md. DC | T 1 3 1087 Add | ia Davidson-Randall | |



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STATE OF MARYLAND CEPTIEIC ATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| | | | IR51 | | MIDDIE | - { | AST | 20 DATE OF DEATH | MONTH D | AY YEAR | 2b HOUR |
|--|--------------------|--|--|---|--|----------------------------------|---|--|---|--|--|
| | LIYPE | ANT | TONIO | | F. I | ANCAS | STER | OCTOBER I | 11, 198 | 37 | 9:00 P.M |
| | 3 SE | X | 4 R | RA. | | 5 DATE C | | 6. AGE (IN YEARS LAST BIR | (YACHTS | IF INDER I YEAR | IF JNDER , 4 HR' |
| | | MALE | (| CAUCAS | SIAN | MONTH | t. 20, 1903 | 83 | YRS | ONTH GAT | HUNRS MIN. |
| 161 | | RTHPLACE THATE OR FOREI | IGN 7b | CITIZEN OF | WHAT COUNTRY? | 8 MADDIE | D NEVER MARRIED | 9 BALTIMORE CITY | | OF DEATH | |
| at once | | Wash. D.C. | | U.S | . A. | WIDOWE | | Montgome | ery | | MD |
| Par John | / | ITY OR TOWN OF DEATH | | | | | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | | | OF BUSINESS OR |
| 100 | | ROCKVILLE | | | igswood"nt | | CENTER | Engineer | or working tire. | | ov't. |
| must be | | | HOME OR OTH COUNTY | | GIVE RESIDENCE BEFORE | | 13d INSIDE CITY LIMITS? | 13. STREET ADDRESS | zip code | ive/20 | 815 |
|) Sept | 14. FA | ATHER'S NAME | MIDD | NE STE | LAST | | 15 MOTHER'S MAIDEN NA | | | | |
| (\$) L | 1 | Eustace | Joh | | Lancast | er | Philomena | MIDDLE | | Topoli | icci |
| 0 / | | VAS DECEASED EVER IN L | U.S. ARMED | | 166 SOCIAL SECU | IRITY NO. | 17 INFORMANT | ADDRI | ESS | | |
| med | | YES NO ON ONKNOWN) | an an an | * OK DATES] | 579-32- | 4037 | Florence S. | Mazzocchi, | Same | addres | ss as #13 |
| | | 18 CAUSE OF DEATH IE PART I. DEATH WAS | Enter only o | ne cause per | r line for (a), (b), an | d c | 1 | | | BETWEEN | IMATÉ INTERVAL ONSET AND DEATH |
| Bos . | 1 | PART I. DEATH WAS | MEDIATE C | AUSE (a) | 3 KONCHE | ING | MONIA | | | 3 u | IEEKS |
| 38,000 H | | | | | | | | | | | |
| 100 | | | | DUE TO. O | R AS A CONSEQUE | NCE OF | | -0.0 | | | |
| | À | Conditions, il any, wh | | DUE TO, O | PRASA CONSEQUI | ENCE OF | | FAROUASC | ULAK | | |
| or to design | 100 | gave rise to immedicause (a), stating | the | DUE TO, O | OR AS A CONSEQUE | ENCE OF | ROTIC CERE | PROVASC | ULAK | | |
| of common of com | | gave rise to immedi | the | DUE TO, O DUE TO, O | DR AS A CONSEQUI DR AS A CONSEQUI | ENCE OF | | PROVASC DISEAS | ULAK | | |
| Ne four of, commonent of purpose of purpose of the common nt of the common of the comm | NO | gave rise to immedicause (a), stating underlying cause li | the last | DUE TO, O | PRTEKIOS Dr as a consequi | ENCE OF | | | | | a |
| any injery, or other trauman | ATION | gave rise to immedicause (a), stating underlying cause li | liate the last | DUE TO, O | ONTRIBUTING TO | ENCE OF | KOTIC CERE | | 206 IF YES, | N IN PART 1 | NGS USED |
| Sony of personal officer trauman | FICAT | gave rise to immedicause (a), stating underlying cause I. PART 2 OTHER SIGNIFIC | liate the last | DUE TO, O | ONTRIBUTING TO | ENCE OF | NOTIC CERE | inal disease or con | 206 IF YES, | WERE FINDING CAUSES | NGS USED |
| 8 shews any always are marriaged. | CERTIFICATION | gave rise to immedicate (a), stating underlying cause I. PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLY | liate the last (ICANT CON | DUE TO, O IC) IDITIONS CO | ONTRIBUTING TO I | ENCE OF DEATH BUT OPERATIO | NOTIC CERE | 100 AUTOPSY? YES NO | 206 IF YES, IN CERTIFY YES | WERE FINDING CAUSES | NGS USED OF DEATH? |
| em 18 shews any niero architecture | CERTIFICAT | gave rise to immedicate (a) stating underlying cause I. PART 2 OTHER SIGNIFICATION OF CONTRIBUTION OF CONTRIBUTING CAUSE CAUSE CAU | Itate the last (ICANT CON IN IN ITALIAN SE OF DEATH | DUE TO, O 101 19b COND 21b TIME C HOUR A. | ONTRIBUTING TO I | DEATH BUT OPERATIO | NOT RELATED TO THE TERM | 100 AUTOPSY? YES NO | 206 IF YES, IN CERTIFY YES | WERE FINDING CAUSES | NGS USED OF DEATH? |
| or Item 18 shaws any more or commercement | CERTIFICAT | gave rise to immedicate (a), stating underlying cause I. PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLY | Itate the last ICANT CON YING SE OF DEATH EXAMINER) | DUE TO, O 1c) 19b COND 21b TIME C HOUR A. P. 21e PLACE | ONTRIBUTING TO I | DEATH BUT OPERATIO AY YEAR 19 | NOT RELATED TO THE TERM N WAS PERFORMED 214 HOW INJURY OCCUR! | 200 AUTOPSY? YES NO RED (ENTER NATURE OF PAGE | 20b IF YES, IN CERTIFY YES | WERE FINDING CAUSES | NGS USED OF DEATH? NO |
| rked or Item 18 shaws any appropriate mentioners | FICAT | gave rise to immedicate (a) stating underlying cause I. PART 2 OTHER SIGNIFICATION OF CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALE | VING SE OF DEATH EXAMINER) | DUE TO, O 1c) 19b COND 21b TIME C HOUR A. P. 21e PLACE | ONTRIBUTING TO I | DEATH BUT OPERATIO AY YEAR 19 | NOT RELATED TO THE TERM N WAS PERFORMED 21¢ HOW INJURY OCCURI | 100 AUTOPSY? YES NO | 20b IF YES, IN CERTIFY YES | WERE FINDING CAUSES | NGS USED OF DEATH? |
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WASHER E. GOODE, M.D.

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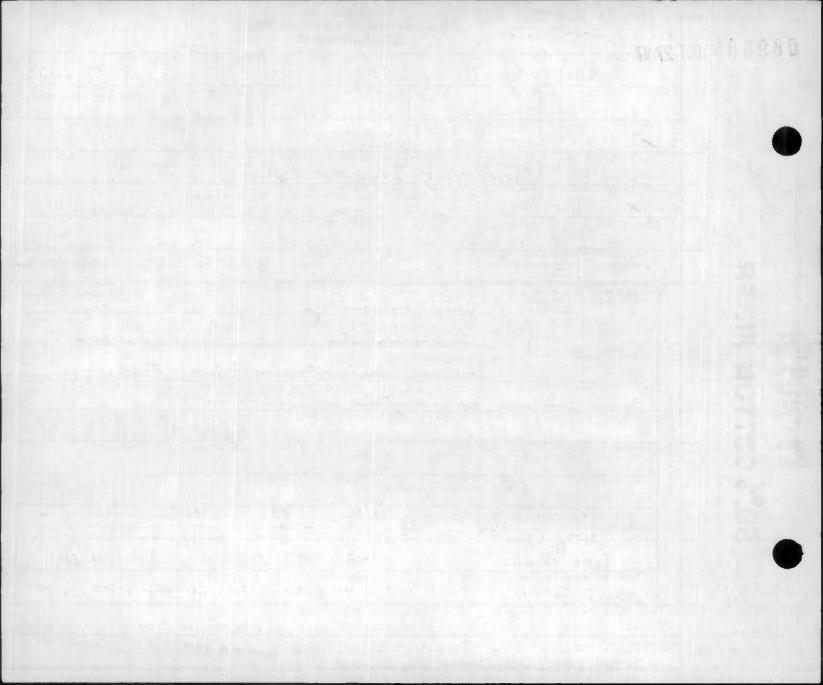
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| STATE OF MARYLAND | 2 |
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| DEPARTMENT OF HEALTH AND MENTAL HYGIENE | |
| CERTIFICATE OF DEATH | |
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| 00 E 00 | | REGISTRAR | | | | CERTIF | FICATE OF DEATH | REG. | NO | | |
|-------------------------------|---------------|---------------------------------------|----------------------|---------------|--------------------------------------|-------------|------------------------------|-------------------------------------|-----------------|---------------------------------------|-------------------------------------|
| JU 600 | 1 498 | EASED NAME | FIRST | 1 | MIDDLE | 4 | IAST | 20 DATE OF DEATH | | DAY YEAR | 2b HOUR |
| ge 3 | (1YPE | ORPRINT! | umo | ind | H. | Lai | 19 | | 10 | 17 87 | 2022 |
| po ter d | 3 SE | (| 1 | RACE | | 5 DATE (| | 6 AGE (IN YEARS LAST I | JIRTHDAY) | IF JNOER YEAR | R IF UNDER 24 HRS |
| rs of | Ma | le | | Caucas | ian | | ber 3, 1918 | 69 | YRS | | |
| how l | 7a Bi | RTHPLACE A PATE OR FO | OREIGN 76 | CITIZEN OF | F WHAT COUNTRY? | 8 MADDIE | DE NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | |
| in 72 | II. | linois | | United | States | WIDOWI | - 21 | Montgomer | У | | MD |
| with with | 10 CI | TY OR TOWN OF DEA | .тн 11 | I. NAME OF | HOSPITAL, NURSIN | . namethras | OR OTHER INSTITUTION | 120 USUAL OCCUPA | | | OF BUSINESS OR |
| led o | Roc | ckville | 1 | Shadi | 4 grove | Hau | ventist Hosp | Cartograp | | | Governme |
| must be | 13a S | | 13b COUNTY Montge | Y | ISC CITY OR TOW Rockvill | VN | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | | DE OE | 850 |
| Tien San | 14 FA | THER'S NAME | | | | | 15 MOTHER'S MAIDEN NA | ME | | | |
| TO E ON | | Alfred | | R. | Lang | ſ | Marie | C. | | Duhs | AST |
| 8 9 7 | | | | | 166 SOCIAL SECU | URITY NO | Ruby Franks 1 | | RESS | - Duils | 3 - 1 |
| Pog P | | | WWII | WAR OR DATES) | 577-60-3 | 500 | Rockville, Ma | Lang(wire) | 13305 | South | vood Driv |
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| os beer ne prior vs ony | CERTIFICATION | 190 DATE OF OPERAT | | | | | ON WAS PERFORMED | 200 AUTOPSY2 | IN CERT | ES, WERE FIND FIFYING CAUSE YES | |
| sho sho | E . | 71a ACCIDENT WAS UND | DERLYING | 21b TIME | OF INJURY | | 21c HOW INJURY OCCUR | YES X NO | | | 140 |
| ol Tro | | OR CONTRIBUTING C | CAUSE OF DEATH | HOUR A | AM MONTH D | | | | | | |
| Ment Aent | S | (IF EITHER NOTIFY MEDIC | | | PM | 19 | 21f LOCATION | | | | |
| nd A | MEDICAL | 21d INJURY OCCURR | | | E OF INJURY STREET FACTORY OFFICE | FARM ETC) | STREET | CITY OR | IOWN | COUNTY | STATE |
| th o | | AT WORK AT WOR | RK L | | | | | 7.0 | 12 | 4.4 | |
| Heol rs m | | 22a I certify that the | | 1 45 1 | | -1 | 19 27 | to | | 19.31 | that I (we) la |
| 1 for of 1 2 2 1 | | saw the decease abave, (1) (we) (d | | | 17 | . 0 | nd that in (my (ove) apinian | death accurred on the | date and ho | | |
| Chec | | 22b SIGNATURE | 0 | | | | DEGREE | Cuspica | 4.55 | | E SIGNED |
| detoi ote C | | Byn | D. John | trum | | | MO ATTENDING PHYSICIAN | MEDICAL ST | AFF SICIAN [| 10 | 118/87 |
| AN AN | | 224 PHYSICIAN'S NA | AME ITYPE OR F | PRINT | | | 22e ADDRESS | | | • • • • | - |
| should be divided in the Sto | | BYRL D. | | | | | 911 N. Russel | Ave Ga | thershu | rg md | 20879 |
| F v 3 ≤1 | 23a E | BURIAL, CREMATION, | REMOVAL | 2310CALEO | ber 21, 230 | | CEMETERY OR CREMATORY | 23d LOCATION | | COUNTY | STATE |
| | Bu | rial | | 1987 | 7 Da | rnest | own Church Cem | | wn Mo | ntgomer | y, Maryla |
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DHMH - 16 60M 7 B4 (VRA 15, 4)

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDENE CERTIFICATE OF BEATH

| 1 87 | REGISTRAR | | CERTIFIC | AIE OF DEATH | REG. NO | | | | | |
|---------------|--|--|-------------------|--|----------------------------------|----------------------|--|--|--------------|--------------------|
| | CEASED NAME FIRST | WICIDLE | LAS | T | 20 DATE OF DEATH MON | TH DAY YEAR | 26 HOUR Q | | | |
| 11176 | Ches | ue Long | Larrime |) h | October 01. | 1987 | | | | |
| 3 SE | | 4 RACE | 5. DATE OF | BIRTH | 6 AGE (IN YEARS LAST BIRTHDA | | | | | |
| | Female | white. | MONTH | DAY YEAR | 0.1 | WON HE DAY | HUR MIN | | | |
| 7a Bi | RTHPLACE CHIATE OR FOREIGN | 76 CITIZEN OF WHAT CO | JULY BUNTRY? 8 | | 9 BALTIMORE CITY OR CO | UNTY OF DEATH | | | | |
| 1 | COUNTRY | | MARRIED | NEVER MARRIED | | | | | | |
| M1SSOUT1 | | United States WIDOWED DWORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | | Mantagmety 120 USUAL OCCUPATION 1170 FOR WORK FOR MOST OF WORKING LIFE) 1170 WORK FOR MOST OF WORKING LIFE) | | | | | | |
| | | | | | | | |)LNCY AL RESIDENCE (IF NURSING HOME | Montgomery (| <u>ieneral Hoz</u> |
| 13a S | STATE 136 CO | | | 3d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIF | CODE 209 | 906 | | | |
| _ | | rtgomery Silv | VOL SIVICILL | YES NO X | | World B | oulevard | | | |
| 14 FA | ATHER'S NAME | WIGDIE | LAST | 5. MOTHER'S MAIDEN NA | MIDDLE | | 1A51 | | | |
| | Henry | Т. | Long | Emma | | | | | | |
| 160 V | WAS DECEASED EVER IN U.S. | ARMED FORCES? 166 SOC | IAL SECURITY NO 1 | 7 INFORMANT | 371 DDRESS | ne Grove | Road | | | |
| Ĺ ' | YES NO OR UNKNOWN) (IF YES | | -54-1955 | C.Ann Pres | ton Nottin | gham, PA | 19362 | | | |
| | 18 CAUSE OF DEATH (Enter | only ane cause per line lai to | ii, (b , and (c) | | · · | APPR | OXIMATE INTERVAL EN ONSET AND DEATH | | | |
| | PART I DEATH WAS CAU | SED BY. | 2-010 | rospir | afory Ark | -62/ | MINCT | | | |
| i i | IMMED | | | , , | * . | | | | | |
| | Conditions, if any, which | DUE TO, OR AS A CO | INSEQUENCE OF & | Nyponet | remia tr | C M | | | | |
| | gave rise to immediate | | | | | | 7. | | | |
| | cause (a), stating the underlying cause last | DUE TO, OR AS A CO | Societies | 0 6 | N342 | | | | | |
| | | (c) | 7 | CUPACOSE | Trainer. | - 3 | 00/_ | | | |
| z | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 | | | | | | | | | |
| CERTIFICATION | 19a DATE OF OPERATION | 19h CONDITION FOI | R WHICH OPERATION | WAS PERFORMED | 20a AUTOPSY? 201 | IF YES, WERE FIN | DINGSTISED | | | |
| 5 | DATE OF OFERATION | 176 CONDINONTO | WITTETTOTERATION | WASTERI ORMED | IN | CERTIFYING CAUS | SES OF DEATH? | | | |
| E E | 71a ACCIDENT WAS UNDERLYING | 716 TIME OF INJURY | | 21, HOW IN HIP OCCUP | YES NO X | YES [| NO [] | | | |
| | OR CONTRIBUTING CAUSE OF | UOUD 4 11 4101 | TH DAY YEAR | THE HOW HAJORT OCCUR | TENTER NATURE OF INJURY IN | TEM IS PART IN PART. | | | | |
| CA | HE EITHER NOTIFY MEDICAL EXAMI | | 19 | | | | | | | |
| MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJUR | | 211 LOCATION STREET | , ITY OR TOWN | YIMUNE | st A16 | | | |
| | A WORK NOT WHILE | | | | | | | | | |
| | 220 I certify that (1) (this ho | 1 0 - 6 | | 34 19974 | 1a 1 00+ | 19 5 7 | _ that was la | | | |
| | saw the deceased alive abave, (1) (we) (did) (did | onl Oct | 19. 87, and | that in (my) (our) apinian | death occurred an the date a | nd have and fram t | he causes stated | | | |
| 1 | 276 SIGNATURE | 0.0 | DE | GREE MA | | 22c DA | TE SIGNED | | | |
| | Dr. Marko | in Chung | / H&Belac | MATTENDING PHYSICIAN P | MEDICAL STAFF DIRECTOR PHYSICIAN | | 00+8 | | | |
| 1 | 27d PHYSICIAN'S NAME ITY | | 1724 ADDRESS | | | | | | | |
| | Gustavo Belaval, M.D. | | | 3701 Rossmoor Boulevard Silver Spring, MD 20906 | | | | | | |
| 730 0 | BURIAL, CREMATION, REMOV | | 1234 NAME OF CEL | AFTERY OF CREATERY | 123d LOCATION | 70906 | | | | |
| | SPECTemation | OCL. | Montgor | METERY OR CREMATORY | CITY OR TOWN | EDUNIY | NTATE | | | |
| | | 3, 1987 | Cremato | orium, Inc | . Bethesda | | | | | |
| R | UNERAL DIRECTOR Robe | rt A. Pumphr | ey Funera | 1 Home | T O 5 4007 | REGISTRAR'S SIGN | | | | |
| 175 | SetMesda-Che | Ave Beth | esda.MD 2 | 20814 | 100 1981 | المراهي المواد الم | Mariana | | | |

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH DECEASED NAME (TYPE OR PRINT) Oct. 18, 1987 Lydia Lawson Jane 4 RACE 3 SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) White 14, 1896 Female June 91 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery Tllinois U.S.A. WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Fernwood House Bethesda Homemaker Own Home USUAL RESIDENCE (IF NURSING NOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP CODE 2829 Tilden Street, NW/20008 COUNTY Washington, DC 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Albert Clelia Amelia James Buxton Werner 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 396-10-4341 No John B. Lawson, Same address as #13. 18 CAUSE OF DEATH Enter only one cause per line for rail. PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause a, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I I I CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOTA 21g. ACCIDENT WAS UNDERTYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART & OR PART HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE EITHER NOTIFY MEDIC ALEXAMINER 11d INJURY OCCURRED 21f LOCATION TIE PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC ! WHILE NOT WHILE 22a I certify that (I this hospital) attended the deceased from saw the deceased alive an. and that in (my) round apinian death accurred an the date and have and from the causes stated DEGREE Oct. 19, 1987 PHYSICIAN X DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 3301 New Mexico Ave, NW, Washington, D.C. Wesley M. Oler 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 10/20/87 Cremation Mt. Comfort Crematory Alexandria 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Washington, D.C. 20016

DHMH = 16 60M 7 /84 (VRA 15, 4)

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STATE OF MARYLAND

- STATE 7 CYGISTRAR
7 DEL ASED NAME Richard REG NO Lawton RICHARD DEATH MATED 5 DATE OF BIRTH Male RONOUNCED DEAD 23 TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE MARRIED NEVER MARRIED F REIGN COUNTRY WIDOWED I NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Human Resources Personnel 13e STREET ADDRESS 13a STATE 13b COUNTY Bethesda Mont. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Walsh Frederick Cecelia 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO Mary Catherine Lawton Same as # 13 18 CAUSE OF DEATH (Enter only one cause per line for (a. (b), and (c). BETWEEN ON ET AND DEATH PART I DEATH WAS CAUSED BY WEEKI DUE TO OR AS A CONSEQUENCE O CIRRHOSIC gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 BAR ACMNUI 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? NO L 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR 1530 PM 09 CONTRIBUTING CAUSE OF DEATH THE LOCATION AT WORK AT WORLE STREE 22a I certify that I taak charge of the remains described above, held an Natural causes Undetermined manner EXAMINER'S NAME 23c NAME OF CEMETERY OR CREMATORY

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(VR A15 ME (5))

Burial Joseph Gawler's Sons, Inc. 24 FUNERAL DIRECTOR

5130 WI Ave. NW Wash., DC 20016

Gate of Heaven Cem.

Silver Spring, MD

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Toseph Garloris Long, The.

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| 487 NOV - | 12'8 | REGISTRAR | | CERTIFICA | TE OF DEATH | REG NO | |
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| oy be | 0.05 | Eva | The same of the sa | L'avisas au | ghey | 10/20/8/ | IF NORR YEAR IF INDER JAKE |
| ctor p | 3 SE | FAMORE | 1 RACE WHITE | S. DATE OF BI | 14 1914 | 6 AGE (IN YARS LAST BIRY IDAY) | MONTH! TATS HOURS MIN |
| Pog hours | 70 B | RTHPLACE I LIATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTE | RY? 8 | NEVER MARRIED | 9 BALTIMORE CITY OR COUN | TY OF DEATH |
| in 72 | L | IRGINIA | USA | WIDOWED | DIVORCED [| Monta | omery MD |
| 1711/10 | 5 | IVER SPRING | 11. NAME OF HOSPITAL, NUR (IF NOT INSUCH FACILITY GIVE STR | neet ADD (ESS) | HER INSTITUTION | 120 USUAL OCCUPATION OTTO THE OF WORKING HOMEMAKEN | . / |
| filled in hould be | 13a. S | STATE 13b COU | ONT 136 CITY OR TO | SWN YE | INSIDE CITY LIMITS? | 130 STREET ADDRESS / ZIP CON | Hu RD. / 20906 |
| d withing pletely and 2 s | .14 F/ | RISHAD | MIDDIE LAST | 15. | MOTHER'S MAIDEN NA | WIDDIE | SMITH |
| d com | | VAS DECEASED EVER IN U.S. AF | | ECURITY NO. 17 | INFORMANT | ADDRESS 410 | |
| Pogo. | | A / | ONE STY- | 32-364 | 18 M. KAR | LY LEAHEY NE | WYORK, NEW YORK |
| physicia physicia popers movol vent, the | | PART I. DEATH WAS CAUSE | nly one cause per line for (a) (b). ED BY TE CAUSE (a) | io Resp | isatony | annest- | BETWEEN ONSET AND DEATH Suddle |
| ding orbor or rer | | IMMEDIA | DUE TO, OR/AS A CONSEC | OUENCE OF | 11 1- 1 | la 1 1a | |
| often otten otten, roum | | Conditions, if any, which gave rise to immediate | (b) Regat | Sicled | deant o | farlule | 5 12000 |
| by the ose rem | | cause io, stating the underlying cause last | DUE TO, OF A SONSE | OVENSE SEY | Hype 10 | on Siden | 6 y ear) |
| aguires to signed Then ple to burio mjury, or | N O | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | S Ven | 111 11 | MINAL DISEASE OR CONDITION OF | |
| on. hos bee t permit ene prior | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WH | ICH OPERATION W | AS PERFORMED | IN CER | VES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \) |
| physical front of the strong o | | 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE | LIGHT A THE MODITIES | | HOW INJURY OCCUR | RRED (ENTER NATURE OF INJURY IN ITEM 1) | B PART : IRPART, |
| And I had a least on the least | MEDICAL | THE EITHER NOTIFY MEDICAL EXAMINE | P.M. 21e PLACE OF INJURY | 19 | LOCATION | | |
| orth the band I | ME | WHILE NOT WHILE AT WORK AT WORK | (AT HOME STREET FACTORY OFFI | | STREET | CITY OR TOWN | STATE YTMUCT |
| Se os se olth | | | ital) attended the deceased fro | m | 1984 | 10 Oct 7-3 | 1987 that if (we lost |
| pitol Pitol for u of H | | saw the deceased alive or above (1) (we) (did) (did no | of view the body ofter death | 9 57 and th | at in (my) (our) opinion | deoth occurred on the date and h | our and from the causes stated |
| OR A ched ched Dept | | 226 SIGNATURE | | DEG | | MEDICAL STAFF | 221 DATE SIGNED |
| Y the Y the RAL [deto deto tate [LT. If | | | er Jamless | | | DIRECTOR PHYSICIAN | 10/23/87 |
| HOSPII ouned b ould be th the Si | | 22d PHYSICIAN'S NAME (TYPE) | 1 1 | | 36 3701 | Rosmond | Blud 5.5 pmig |
| 0 % 5 % x x + | 23a | BURIAL, CREMATION, REMOVAL | 236 DATE 2 | 3c. NAME OF CEME | TERY OR CREMATORY | 23d LOCATION | TANK AND A LANK |
| BP | | CREMATION | OCT. 26,1987 | CHAMBERS | CREMATORY | RIVERDACE P | G.CO. MARYLAND |
| DHMH - 16 60M 7/B4 | | UNERAL DIRECTOR | ADDRE | 54 | 25a DA | TE REC D. BY REGISTRAR 136 REGI | ISTRAR'S SIGNATURE |
| (VRA 15, 4) | CH | AMBERS FUNERAL | Home Siwar & | PRING, N | ARYCAR UVI | 00 1301 Har D | cridery. Kendallo |

10 5-10-5 5 1 0 1 0 The state of the s

BP.

DHMH = 16 60M 7/84 (VRA 15, 4)

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | - STATE REGISTRAR | | | | CERTIF | ICATE OF DEAT | TH | REG. | NO | | |
|----------------|-----------------------|------------------|------------------|---------------------|----------------|----------------------|---------------|------------------------------|---|---|---------------|
| P _D | ASED NAME | FIR5T | | MIDDLE | , 1 | AST | | 20 DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR |
| | | itenk | | J_{\bullet} | Lel | 000 | | | (0) | 187 | 11:45 |
| 3 SE | EX | | RACE | | 5 DATE C | | 1 | AGE (IN YEARS LAST | BIRTHDAY | MUNDER LYEAR | |
| | l | ale | Wh | ite | Aug. | | 910 | 77 | YRS | | HOURS |
| 70 E | BIRTHPLACE (STATE | OR FOREIGN 71 | CITIZEN OF | WHAT COUNTRY | (? 8 | NEVER MARR | NED 9 | BALTIMORE CITY | | | |
| < : | Indiana | | US | SA | WIDOWE | | | Montgo | marv | | |
| 10 (| CITY OR TOWN OF | DEATH 1 | | | ING HOME C | R OTHER INSTITUT | ION | 20 USUAL OCCUP | NOITA | | OF BUSINES |
| | Gaithersb | uro | *** | - same & | - | as #13 | | Purchasi: | | | |
| Ust | JAL RESIDENCE (IFT | URSING HOME OF O | THER INSTITUTION | GIVE RESIDENCE BEFO | DRE ADMISSION) | | | | | | OH |
| | STATE | 13b COUNT | | 13c CITY OR TO | | 13d INSIDE CITY LI | | 3e STREET ADDRES | | | 20070 |
| | aryland ATHER'S NAME | Monte | gomery | Gaithe | ersburg | YES NO | | 9931 Rid | geline | Dr., | 20879 |
| A | FIRST | 2.4.4 | DDIE | LAST | | FIRST | il Delivirani | WIDDLE | | I.A | 16T |
| _ | John | | chael | Labansky | | Berta | | | | Jung | e |
| | WAS DECEASED EN | (IF YES GIVE Y | WAR OR DATES) | 166 SOCIAL SEC | | 17 INFORMANT | | ADI | RESS | | |
| | Yes | Mar. | 19.194 | 2 305-09 | 9-1921 | Helen 1 | B. Lal | Bon, Gait | hersbu | irg, Md. | 20879 |
| | 18 CAUSE OF DE | ATH Enter only | one couse per | line for 10 , (b) | and c | | | | | APPRO) SETWEEN | XIMATE INTERV |
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| | Conditions, if a | ony, which | (d) | Chronia | tido. | while Pul. | | 1 20000 | | | |
| | gave rise to | | Sour to o | R AS A CONSEQ | HENCE OF | | | 1 | | | |
| | underlying co | | DUE TO, O | R AS A CONSEQ | UENCE OF | | | | | | |
| | PART 2 OTHER S | IGNIFICANT CO | NDITIONS CO | ONTRIBITING TO | DEATH BUT | NOT RELATED TO I | THE TERMIN | IAL DISEASE OR CO | NOITION | IVEN IN PART 1 | В |
| Z | | | | | | | | The Block of Co | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| CERTIFICATION | 190 DATE OF OPE | RATION | 19b COND | ITION FOR WHIC | H OPERATIO | N WAS PERFORME | D | 200 AUTOPSY? | | ES, WERE FINDI | |
| E | | | | | | | | VES TO NOT | | TIFYING CAUSE: | S OF DEATH |
| - = | 71a ACCIDENT WAS | UNDERLYING | 216 TIME O | E INTURY | | 1216 HOW IN ILIRY | COCCURRE | YES NO | | | NO [] |
| 0. | OR CONTRIBUTING | | 110110 1 | M. MONTH | DAY YEAR | | o c c o n n c | C (FIATER ANDRE OF I | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | o raki Okraki, | |
| 2 | 21d INJURY OCC | | | M. | 19 | 100 100 11001 | | | | | |
| MEDICAL | | | | OF INJURY | E FARM ETC | 211 LOCATION | | CITY OF | TOWN | COUNTY | 917 |
| ~ | AT WORK AT | WHILE WORK | | | | | | | | | |
| | 220 I certify that | | l) ottended th | e deceased from | D. com | 10/Y 19 | 9 } | _, to | 10/10 | | that () (we |
| | sow the dec | eased olive on | view the body | after death | , or | d that in (my) (our) | opinion de | oth accurred on the | date and h | our and from the | e causes stat |
| 1 | 226 SIGNATUR | | | - | | DEGREE | | | | 22c DATE | SIGNED |
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| - | 274 PHYSICIAN'S | PLAME THE GRE | words 2 | | | 22e ADDRESS | ICIAIT [] | DIRECTOR TITL | JICIAI L | 1 | |
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| | and and | S 1 / | 21 | 100 | | 4 10 1 | 16 1 1 | V . | 2 | - 11 . | 1 700 |
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| 23a | BURIAL, CREMATIC | | 23b DATE | | | EMETERY OR CREM | | 23d LOCATION CITY OR TOWN | Fick | COUNTY | J 20' |
| | Buria | 1 | | | | EMETERY OR CREM | Cem. | Silver | Spring | COUNTY | اه ر Md. |
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STATE OF MARYLAND

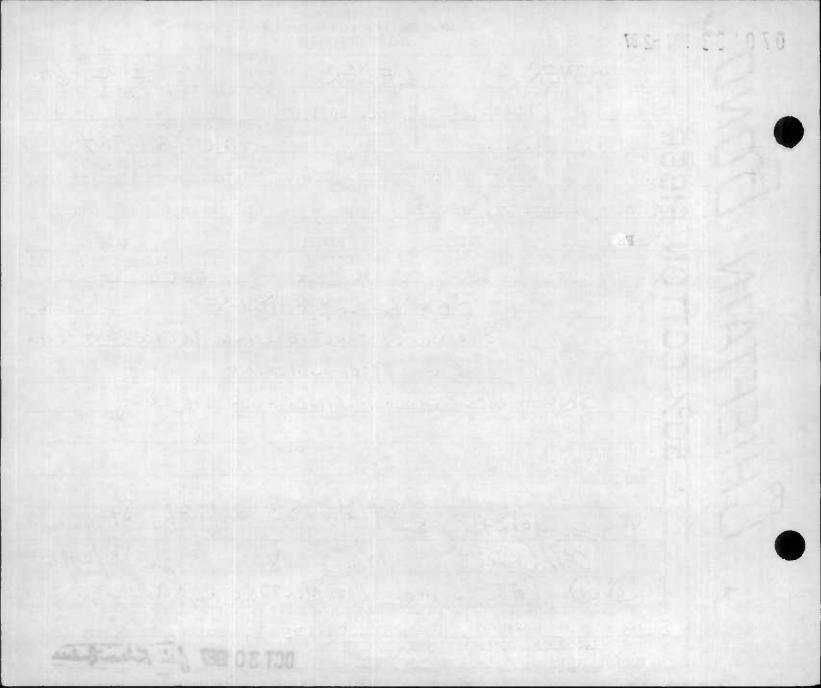
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| ١ | UV | REZISBIAR | | | | CERTIF | ICATE OF DEATH | REG. N | 10 | | |
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| 1 | Ma | ale | | White | 2 | Sep | | 80 | YRS | A. | M No |
| 7 | | RTHPLACE INTATE OR F | OREIGN . | b CITIZEN OF | WHAT COUNTR | Y2 8 | | 9 BALTIMORE CITY | | ATH | |
| 4 | | oland | | U.S.A. | | WIDOWE | D NEVER MARRIED DIVORCED | MAAN | TGOME | AY | MD |
| 1 | | TY OR TOWN OF DEA | ATH . | | OSPITAL, NUR | | OR OTHER INSTITUTION | 12a USUAL OCCUPAT | 10(Ret) 126 | KIND OF | BUSINESS OR |
| 1 | Ro | ockville | | Hebrew | HEACILITY, GIVE STR | f Great | er Washington | | | ustry armer | nt Industi |
| 7 | | L RESIDENCE (IF NURS | | DIHER INSTITUTION | . VE RE IDENCE BEI | FORE ADMISSION) | | 4 | | | |
| 7 | Mai Mai | ryland | Mont | gomery | Rockvi | lle | AES 🔀 NO 🗌 | 13e STREET ADDRESS 6121 Mont | | (20 | 0852) |
| 1 | 14 FA | THER'S NAME | ^ | NDDLE | , AST | | 15 MOTHER'S MAIDEN NAM | ME | | Ye. | |
| 4 | | WOLF | | | LEDER | | BLUMA | | | ORET2 | 3 |
| 1 | | (AS DECEASED EVER | | WAR OR DATES | 166 SOCIAL SE | CURITY NO | 17 INFORMANT | ADDR | McLean, | , Va. | 22102 |
| ı | YI | ES | WII | | 062-10 | -6868 | Max Leder: N | lephew: 180 | 0 Old Mead | low F | Road: |
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| 1 | | PART L DEATH W | | CAUSE (a) | KE | SPIR | 4 TORY -HI | LUKE | | 1 M | DNTH- |
| Į | | | | DUE TO OF | AS A CONSEC | DUENCE OF | | | | | |
| 1 | | Conditions, if ony, | which | (b) (| HADNI | COB | STRUCTIVE. | LUNG DI | S GASE 14 | YMEN | YEARS. |
| ١ | | gave rise to imm | nediate | DUE TO OF | R AS A CONSEC | DUENICE OF | | | | | |
| | | underlying cause | ~ | 1000 | 016 | TARE | TTE SMOI | KING | | | |
| i | _ | PART 2 OTHER SIGN | VIFICANT C | ONDITIONS CO | ONTRIBUTING T | ODEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR COM | DITION GIVEN IN P | ART 1 a | |
| 4 | 101 | | 2014 | AMOL | 15 CE | -1-1- | ARCINOMI | | | | |
| | CERTIFICATION | 19a DATE OF OPERAT | TION , | 196 CONDI | TION FOR WHI | CH OPERATIO | n was performed | YES NOW | 206 IF YES, WERE IN CERTIFYING C YES | AUSES O | |
| Š | CER | 21a ACCIDENT WAS UND | | 216. TIME O | | DAY YEAR | 21c HOW INJURY OCCUR | RED ENTERNAT RESERVE | URTIN EM 8 PAR DRE | AR | |
| | AL | OR CONTRIBUTING C | | H NOOK A | | 19 | | | | | |
| 1 | MEDICAL | 21d INJURY OCCURR | | 21e PLACE | | | 211 LOCATION | LITY CAN TO | DIAM. | NIV | TATE |
| 1 | Z | WHILE NOT WH | IRE - | (AT HOME STR | EET FACTORY OFFI | TE FARM ETC) | 111 | / | <i>i C</i> | | |
| 1 | | 22a.1 certify that (1) | | al) oftended the | e deceosed from | 0 | 16 19 10 | 10 1017 | 7/ 195- | Ih Ih | at (1 (we) last |
| 1 | | saw the decease above, (1) (we) | delive on_ | 10/2- | 19 | 6 | nd that in (my) (our) opinion (| death occurred on the o | lote and have and for | om the ca | iuses stated |
| 1 | | 226 SIGNATURE | |) | // | | DEGREE | | 221 | DATE S | GNED |
| | | / | XII. | Dese | L' | / | ATTENDING PHYSICIAN | MEDICAL STA | CIAN [] | 0/2 | 7187 |
| | | 224 PHYSICIAN'S NA | THE (TYPE OF | PRINT) | -1 | | 22e ADDRESS | | Danie | 1 | 7 |
| 1 | | 0. | <u>) -</u> | PHIL | - Ly 1 | no. | 6/2/ MONT | ROSE RD, | 1 ascuit | 15 | MI) 208.7 |
| | | URIAL, CREMATION, | REMOVAL | 236 DATE | | RE NAME OF | EMETERY OR CREMATORY | 23d LOCATION | COUNT | Y | STATE |
| | E | Burial | | 10/29/8 | | Cedar P | ark Cemetery | Westwoo | | | |
| | 24 FU | NERAL DIRECTOR DE | ANZAN | SKY-GOLI | DBERG M | MORIAL | CHAPELS 250 DAT | | 256 REGISTRAR'S.S | - | DE |
| | | 70 Rockvil | | | | | | T 3 0 198/ | Julia Davida | n. Kan | dall |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

10 FUNERAL DIRECTOR, a should be detected for use with the Stork Days of Year MADORTANT of New 21 to m.



the funeral director page 3 d within 72 haurs after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | FOR - STATE T TOBILITAR | DEPART | | EALTH AND MENTAL HY ICATE OF DEATH | GIENE REG N | | |
|---|--|--|---|------------------------------------|----------------------------|-----------------|---|
| T | DECEASED NAME FIRST | M DDIE | 1 | AST | | MON'H DAY | YEAR 26 HOUR |
| l | ROSE MI | ARY J. 2 | LEN | 9R.D | 0 | c+/17 | 11987 4-10AM |
| ľ | 3 SEX | 4 RACE | 5 DATE C | OF BIRTH | 6 AGE LIN YEARS LAST BIR | THDAY) IF | THE LAFTE IF WHEN THE |
| L | Female | Caucasian | _ | 20, 1910 YEAR | 77 | YRS | er part House Min |
| ľ | TO BIRTHPLACE ATE OFF THE ON | 76 CITIZEN OF WHAT COUNTRY | ? 8 | D NEVER MARRIED | 9 BALTIMORE CITY | R COUNTY OF | DEATH |
| ł | Washington, D.C | USA | WIDOWE | | | gomery | MD |
| T | 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS | ING HOME C | OR OTHER INSTITUTION | 120 USUAL OCCUPATI | ION I | 26 KIND OF BUSINESS OR NDUSTRY |
| 1 | Silver Spring | Althea Woodlan | d Nurs | sing Home | Musician | | |
| L | Maryland Monts | or other institution as we relidence before NTY 13c city or took 3d city or too | WN | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS | | 20910 |
| Ť | 14 FATHERS NAME | | 1 | 15 MOTHER'S MAIDEN N | AME | - ZIVCIIGC | 20710 |
| 1 | Edwin | Fincke | 1 | Nel1 | WINDLE | 0 | llahan |
| P | 160 WAS DECEASED EVER IN U.S. AR | RMED FORCES? 166 SOCIAL SEC | URITY NO | 17 INFORMANT Dau | ighter ADDRE | 6111 Ce | dar Wood Driv |
| | NO (IF YES GI | 067-24- | 6499 | Chari Stoess | | | land 21044 |
| ۱ | | nly one cause per line for a 1b a | and c | tin lant | Pailine | | BFTWEEN ONSET AND DEATH 2 well As |
| ı | IMMEDIA | TE CAUSE (a) | Congression | seur pears | prisare | 1 | 1 westers |
| l | Conditions, if any, which | DUE TO OR AS A CONSEOU | JENCEON | die ende | inos ulas a | isense | |
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| ı | onderlying coose idsi | (c) | | | | | |
| l | | CONDITIONS CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TER | MINAL DISEASE OR CON | DITION GIVEN I | N PART La |
| 1 | 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHIC | H OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | | ERE FINDINGS USED G CAUSES OF DEATH? NO [|
| 1 | 710 ACCIDENT WAS UNDERLYING | 216 TIME OF INJURY | | 1216 HOW IN JURY OCCU | RRED ENTRAL HE OF NI | 1 | |
| 1 | OR COLUMN STREET CANADA | ATH HOUR AM MONTH | DAY YEAR | | | | |
| 1 | THE EITHER NOTIFY MEDICAL EXAMINES | 21e PLACE OF INJURY | | 21f LOCATION | TV SIT | WN | JIA1 |
| Î | AT WORK AT WORK | TAT HOME TREET FACTORY OFFICE | | IXEE | | | |
| l | 22a 1 certify that (1) (this hosp saw the deceased alive an above, thinke (did) and ac | ntali attended the deceased from | 1.00 | nd that in Imy (our opinion | n death accurred on the de | ate and hour an | that (I we lest |
| ŀ | 275 SIGNATURE | of view the body after death | | DEGREE | - | | |
| | Drewa JB | radshan SM | D | ATTENDING PHYSICIAN | MEDICAL STAI | | 120 DATE SIGNED |
| 1 | 22d PHYSICIAN'S NAME (TYPE | ORPRINTI | | 27e ADDRESS 3, 45 | Universit | 1 Blud | ·, w |
| 1 | Kaymond 1 | Dradshaw | 111111111111111111111111111111111111111 | Silver | Spring, | Md. | |
| 1 | REMATION REMOVAL Cremation | | | EMETERY OR CREMATORY | CITY OR TOWN | | INT |
| 1 | | | erropo | litan Cremat | ory Alexandr | 1a | Virginia |
| 1 | 74 FUNERAL DIRECTOR Fran 500 University Bl | ncis J. Collins, | | [[] [| ATE REC D. BY REGISTRAR | AND REGISTRAR | S SIGNATURE |
| | out out of the pr | - AG . M. DITAGI | SHITING | PLIC. TOSOT | 1001 | | |

DHMH 16 60M 7 84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial transit permit. Then please remave carban papers. Pages with the State Dept of Health and Mental Hygiene prior to burial cremation, or remaval.

**MPORTANT If them 21 is markeful them 11 to markeful the medical.

IMPORTANT If hem 21 is marketing

filled in by the funeral director page 3 gold be filed within 72 hours offer death

injury, or other troumotic

IMPORTANT If Hem 21 is morked or Hem, 18 shows ony

TO FUNERAL DIRECTOR. After this certificate has been signed by the other should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation.

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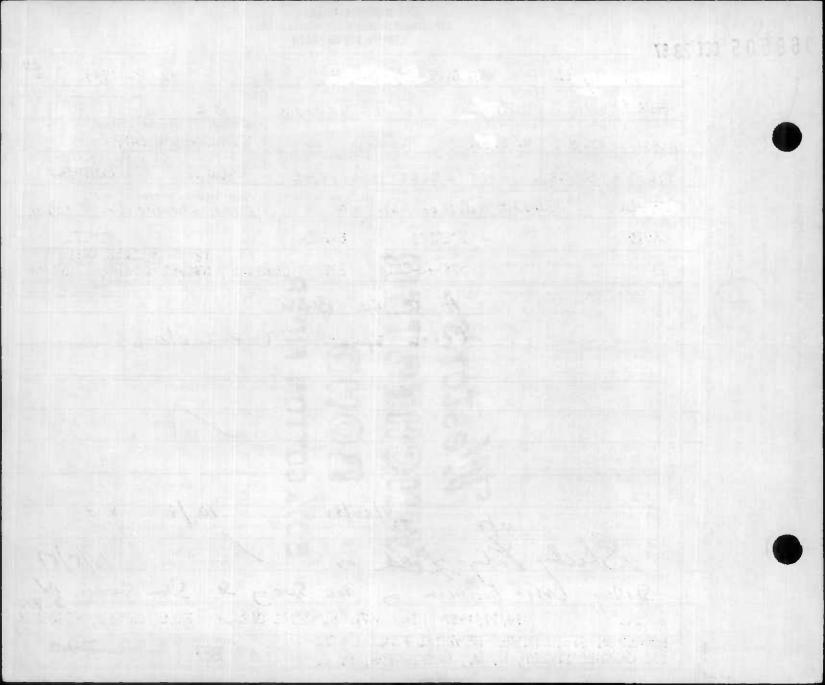
(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGTENE **CERTIFICATE OF DEATH**

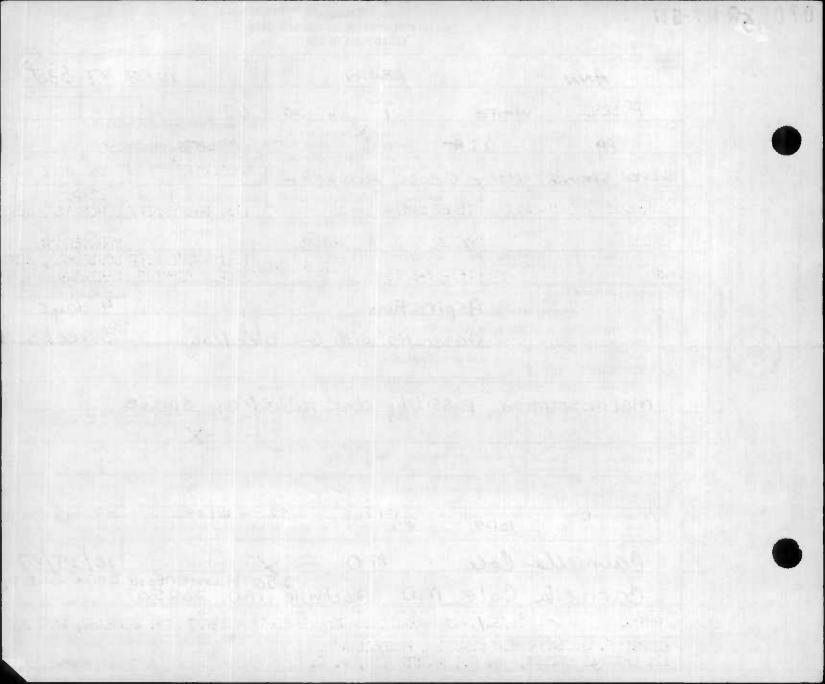
| | 1 - 5 | OR TATE EGISTRAR | | | | EALTH AND MENTAL HYG | REG N | 0 | * | |
|---|---------------------------|---|---------------------------------------|--------------------------------------|--------------|--------------------------------|-----------------------------------|--|------------------|------------------|
| 7 | DECEA | ASED NAME FIRST | N | IDDLE | LA | AST | 20 DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR 26 |
| | (TYPE OR | CECELI | A 7 | OLSTOI | | LEVEY | | 10-8- | 1987 | 2AM |
| ľ | 3 SEX | | 4 RACE | 5 | DATEO | | 6 AGE (IN YEARS LAST BE | THDAY) IF JN | DER YEAR | IF UNDER , 1 HRS |
| l | | MALE | WHITE | | MONTH 7 | - 19- 1905 | 52 | YRS | DAIS | HOUR |
| 1 | 7a BIRTH | HPLACE TATE OR FOREIGN | | VHAT COUNTRY? 8 | MARRIEL | NEVER MARRIED | 9 BALTIMORE CITY C | | | |
| 1 | WA. | | U. S. A | | VIDOWEI | | MONTGOMER | | | MD |
| | | ORTOWN OF DEATH | (IF NOT IN SUCH | FACILITY GIVE STREET ADD | RESS) | OSPITIAL | MERCHANT | OF WORKING HEE) 12 | CLOTH | HING |
| | USUAL P 130 STA MAT | RYLAND 136 C | OUNTY COMERY | GIVE RESIDENCE BEFORE AD | | YES 10 D | 13 STREET ADDRESS 10907 WH | |) _r . | 20901 |
| | | VID IRST | MIDDLE | TOLSTOI | | ESTHER | MIDDLE | | NIMET | TZ |
| | | S DECEASED EVER IN U.S. | ARMED FORCES? 5 GIVE WAR OR DATES) | 578-48-2 | _ | 17 INFORMANT ESTHER LIN | CHUCK, SILV | YS WHEELE YER SPRIN | | |
| | P | Conditions, if ony, which gove rise to immediate couse oo, stating the underlying couse lost | DUE TO, OF DUE TO, OF DUE TO, OF | AS A CONSEQUENCE | CE OF | A Bleid | nodemel U | | | NSET AND DÊATH |
| | CERTIFICATION | a DATE OF OPERATION | 196 CONDI | TION FOR WHICH OF | PERATION | N WAS PERFORMED | YES NO | 20b IF YES, WE IN CERTIFYING YES | | |
| | | OR CONTRIBUTING CAUSE OF CITE EITHER NOTIFY MEDICAL EXAM | F DEATH HOUR A | MONTH DAY | YEAR | 21¢ HOW INJURY OCCURR | RED TENTER NAT RE OF INJU | JRY IN ITEM 18 PART 10 |)RPART } | |
| | W. | INJURY OCCURRED | 21e PLACE (| OF INJURY EET FACTORY OFFICE FARA | (ETC) | 21f LOCATION STREET | (174 OF 10 | OWN . | OUNTY | e FA1E |
| | | 20 I certify that (I) (this h sow the deceased alive above (by cald) (die 26 SIGNATURE | on 10/7 | 19 8 | | d that in (my) (our) opinion (| deoth occurred on the d | - | from the c | |
| | | 28 PHYSICIAN'S NAME | of Lal | 7- Bu | M | ATTENDING PHYSICIAN | DIRECTOR PHYSH | FF | 10/8 | 187 |
| | | Shelley [| 1934 - 60 | THE . M. | m. | 1106 Spr. | 5 St. S | illow Sp | 0 | 14. |
| | | RIAL | 10/11, | /1987 ²³ 6 ÎÑ | G BA | | GARDEN OR TOWF | | • | VIRGINIA |
| | | MALDREMOR STEI 2 CARROLL ST | | ADDRENS | UNER GTON | AL HOME 250 DATE OCT | e rec d. by registrar 1 5 1987 | Mb REGISTRAR | S SIGNATU | JRE THE TENE |

232 CARROLL STREET, N. W., WASHINGTON, D. C.



STATE OF MARYLAND

| 0709,28 NOV - | 15 8 | 7 | | STATE OF | MARYLAND | 1 | | 2.0 | |
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| O I O CHECK THOU | | FOR STATE | DEPART | | TH AND MENTAL HYG | rene 🐣 | , ,, , | 10 Ja | |
| | | REGISTRAR | | | ATE OF DEATH | REG NO | | | |
| n e | | CEASED NAME FIRST | MIDDLE | / FIRST | | 20 DATE OF DEATH | MONTH DAY | YEAR 26 HOUR | P |
| noy be poge 3 | | HNN | | LEUII | • | | 10.38 | 8/1025 | M |
| 4 me | 3 SE) | | 4 RACE | 5 DATE OF BI | DAY YEAR | 6 AGE (IN YEARS LAST BIR | THDAY) IF IN | DER VEAR HE INDER LA | M (N |
| boge breed | 7- 01 | EMALE RIHPLACE IN ATE OR FOREIGN | Th CITIZEN OF WHAT COUNTRY | 1 | 24 20 | 9 BALTIMORE CITY O | YRS YRS | NEATH. | |
| orh P | | OUNTRY) | 1/C P | MARRIED | NEVER MARRIED D | - | OMEK | EAIN | |
| e fun | 10 CI | TY OR TOWN OF DEATH | 11 NAME OF HOSPITAL, NURSI | NG HOME OR O | | 12a USUAL OCCUPATI | ON 12 | KIND OF BUSINES | S OR |
| on softe | Si | LVER SPRING | (IF NOT IN SUCH FACILITY, GIVE STREE | | OSHITAL | "HOUSEWIFE | WORKING LIFE) IN | DUSAN HOME | |
| haur haur ded in de f | 130 S | AL RESIDENCE HE NURSING HOME OF TATE 136 COUR | NTY 13c CITY OR TOX | RE ADMISSIONS | INSIDE CITY LIMITS? | 13e STREET ADDRESS | ZIP CODE | 20902 | |
| AND n 24 hoolo | | ARYLAND MONTO | GOMERY SILVER S | PRING YE | S 🗶 NO 🗆 | 1131 UNIV | | BOULEVARD. | WEST |
| within within days | | THER'S NAME | MIDDLE LAST | 15 | MOTHER'S MAIDEN NA | WE | | LAST | |
| W ord | - | ACOB | SHAFER RMED FORCES? 1166 SOCIAL SEC | UDITY NO. 11 | BESSIE | 4000 | | OUNGERMAN | |
| BALTIMORE. | N | AS DECEASED EVER IN U.S. AR | VE WAR OR DATES! | | PETER LEVI | | | BOULEVARD, | WEST |
| LTIIN poon of the m | 14 | | 150-07- | | | ", SILVER S | PRING, A | MARYLAND APPROXIMATE INTERVA | 1 |
| BA BA Band I | | PART I. DE ATH WAS CAUSE | | nd ic | | | - | BETWEEN ONSET AND DE | ATH |
| TS To a de la contra del la contra del la contra del la contra de la contra del la contra de la contra de la contra del la c | / | IMMEDIA | TE CAUSE (a) HSPIT | vilon | | | | 1 days | |
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| PR OF T | | gave rise to immediate cause a stating the | DUE TO, OR AS A CONSEQU | | 71.0 - 0 | 8 | | 7.5 | |
| o the | | underlying cause last | IC) | DENVEL OF | | | | | |
| 5, 201 | _ | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | | | | DITION GIVEN IN | PART IIO | |
| RECORDS law equit as been signermit There we any injur | ě | malabsoy | thon, possi | bly d | ue to Ct | eliac s | orue | 05.50.00 | 3 |
| law law os be os be prince pri | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHICH | H OPERATION W | AS PERFORMED | 20a AUTOPSY? | IN CERTIFYING | RE FINDINGS USED CAUSES OF DEATH | 2 |
| TAL The The house | ER | 210 ACCIDENT WAS UNDERLYING | 7 216 TIME OF INJURY | 21 | E HOW INJURY OCCURE | YES NO | YES D | NO 🗌 | |
| DF VII Phys phys phys phys phys phys phys phys p | | OR CONTRIBUTING CAUSE OF DE | ATH HOUR A.M. MONTH | DAY YEAR | CANON HOOK OCCOM | LEIGHTER ANTONE OF 1490 | W. D. HEM. D. C. W. | | |
| ON O HYSIC Iding Ins cert burial Ment | DICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | P.M. 21e PLACE OF INJURY | 19 | LOCATION | | | | |
| VISI | MEDI | AT WORK AT WORK | LAT HOME STREET FACTORY OFFICE | FARM ETC 1 | STREET | L TY OR TO | WN. | OUNTY 1A | TE |
| 00 00 6 / | | | ntal) attended the deceased from | 10/7 | 19 87 | 10 10 28 | 19 | 87 tho (1) (we | ilost |
| TTE) TOP for af H | | sow the deceased alive or | of view the body after death | 87 , and th | nat in (my) (our) opinion i | death accurred on the d | ote and have and | from the causes state | d |
| OR AT OR AT DIREC oched f Dept | | 226 SIGNATURE | 1 | DEG | | | | IN DATE SIGNED | |
| Te et p | | Carmell | a Cole | m | | MEDICAL STA | IAN [| 10/29% | 87 |
| HOSPITA | | 224 PHYSICIAN'S NAME (TYPE O | OR PRINT) | 0 | ADDRESS 25 | 0 Hunge | rford | Drive Su | te 19 |
| TO HOSP reformed TO FUNE should be with the King IMPORTA | | Carmella | 2 Cole, m | | cochville, | | 850 | | |
| | 230 B | GURIAL, CREMATION, REMOVAL | 10/30/1987 M | NAME OF CEME | ETERY OR CREMATORY SANON CEMETE | 23d LOCATION RV ADEPORT | DD CEY | DOES MAT | YI ALID |
| BP | | | | | | E REC D BY REGISTRAR | | | LAND |
| DHMH 16 60M 7/84 (VRA 15, 4) | 2 | ONALD MISSIEIN | HEBREW MEMORIAL ET, N. W., WAS | FUNERAL | HOME STORY | U 4 1987 | | | - |
| (VKA 15, 4) | 1 4. | 12 CARRULL SIKE | LI, N. W., WASI | TINGIUN. | V. C. 100 | 4 1987 | 1 1 Con | - Hondelle | |



SHKLAR EWING DRIVE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) COUNTY STATE (our) opinion death occurred on the date and hour and from the causes stated 220 DATE SIGNED Wisconson Aue 730 BURIAL, CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY BURTAL 10/14/1987 WATIONAL MEMORIAL PARK FA"LLS"CHURCH DUNALDREMOR STEIN HEBREW MEMORIAL 232 CARROLL STREET N. W. WASHINGTON

75 HOUR

126 KIND OF BUSINESS OR

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THE STATE OF THE PARTY AND AND AND ADDRESS OF THE PARTY AND AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY ADDRESS OF THE

TO HOSPITAL OR ATTENDING PHYSICIAN The law requires that the death certificate be executed within 24 hours after digith. Page 4 retained by the hospital or attending physician

BP.

DHMH 16 60M 7 84 (VRA 15, 4)

STATE OF MARYLAND

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| | 1 - | STATE REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG. N | 0 | |
|--|---------------|---|-------------------|---|-----------------------------------|------------|---------------------------------------|-----------------------------------|--|--|
| die OCT 2 | | R PRINTI | FIRST |) | AIDDLE | LEI | / I T T | 20 DATE OF DEATH | 10 25 87 | 7 2.45 A |
| rs after de | 3 SE | MALE | | 4 RACE Cauca | sian | 5 DATE O | | 6 AGE (IN YEARS LAST BI | YRS IF INDER I VE | EAR I UNDER THE |
| uneral dir | ľ | RTHPLACE STATE OR OWNER THE PROPERTY OF K | | USA | WHAT COUNTRY? | WIDOWE | | Montgomer | | MD. |
| filed with | R | OCKVILL | E | HEBREN | W HOME | ADDRESSI C | ROTHER INSTITUTION | TYPE OF WORK FOR MOST OF Physical | | D OF BUSINESS OR |
| hould be | 130 1 | AL RESIDENCE OF NURS JATE Maryland | 13b COUNTY | gomery | ROCKV1 | | YES NO Y | 13. STREET ADDRESS | ntrose Rd. | 20852 |
| s S | | THER'S NAME FIRST ACOB | | MIDDLE | Ľevi | | Söphie | MIDDLE | Unknov | vĥ ^{s†} |
| s. Pages e medica | 160 V | VAS DECEASED EVER | NU.S. AR | MED FORCES? E WAR OR DATES) | 560 2 | 28 4918 | B Edith B. I | Kaye 2700 | Q. St., NW, | |
| physician paper emayof | | PART I. DEATH W | AS CAUSEI | ly one couse per D BY E CAUSE (a) | Replace (a), (b) ar | aton | s Failu | rl | APPI BETWE | ROXIMATE INTERVAL EEN ONSET AND DEATH |
| d by the attendin lease remove corb ial, cremation, or i or other traumatic | | Conditions, if any gave rise to im- cause (a), static underlying cause | nediate ig the | (b)_6 | RAS A CONSEQUER AS A CONSEQUER | Stage | Parken | sou's I |) signe | |
| Then part to bur | TION | Du | akel | is n | relut | us | NOT RELATED TO THE TERM | | | |
| e hos be int permit giene prii hows any | CERTIFICATION | 19a DATE OF OPERA | | | | H OPERATIO | n was performed | YES NO NO | 20b. IF YES, WERE FIN IN CERTIFYING CAUS YES [| SES OF DEATH? |
| certificat rial-tran ental Hyg Item 18 s | MEDICAL CE | 210 ACCIDENT WAS UN OR CONTRIBUTING [| CAUSE OF DEA | TH HOUR A. | M. MONTH D | AY YEAR | 21c HOW INJURY OCCURE | ED (ENTERNATURE OF AUG | RY IN ITEM 8 PART DEPART | 21 |
| fter this as the but th and M arked ar | MED | 21d INJURY OCCUR | RK R | | EET FACTORY OFFICE | FARM ETC) | 211 LOCATION STREET | CITY OR TO | OWN LOOKING | TATE |
| CTOR A d far use af Heal n 21 is m | | saw the decease above, (1) | ed alive on. | 10-25 | 198 | | id that in (my) (XX) opinion (| death occurred on the d | | |
| ERAL DIRE | | 226 SIGNATURE Mu | lyn | Ve | nury | MO | ATTENDING PHYSICIAN | MEDICAL STA DIRECTOR PHYSIC | FF CA ID | 125/87 |
| should be with the S | | MERLY | AMIR ETYPE OF | VEM (| IRY K | 1) | 6121 MONT | EN HONE | E OF GRA | LASHINGIO |
| F 8 8 8 | 230 8 | urial Cremation, | REMOVAL | | | | emelery or crematory politan Crema | to Ty CIT Of LOWE X | andria, Wa. | 1)308252 |
| 16 60M 7 /84 | 24 FL | JNERAL DIRECTOR | Fall | ls Churc | Funeral h, Va _{mes} 2 | 12046 | 250 PA | REC D. BY REGISTRAR | 256 REGISTRAR'S SIGN | VATURE |

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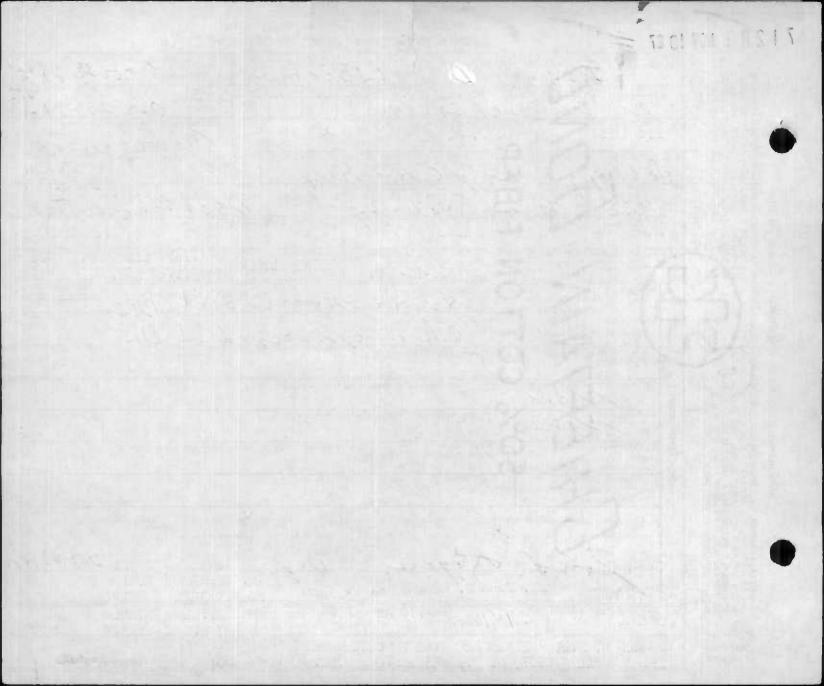
DHMH 17 (VR A15 ME (5)) FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| . , | - 0 | REGISTRAR | | MED | DICAL | EXAMINI | ER'S | CERTIFIC | CATEC | OF DE | ATH REG NO | | | |
|------|-----------------------|----------------------------|-------------------------|--|-------------|--------------------|------------|---------------|---------------|---------------|---|--------------|-----------------|---------------|
| 6 | (VDI) | ASED NAM | E PIRST | | MIDDLE | | | LAST | | | 20 DATE KNOWN 57 | MONIH | DA1 YEAR | Zb HOUR |
| | (110 | E OR PRIN | Allen | | | | Te | wis, | Tr. | | OF ESTI | 10- | -23-1087 | |
| | 3 SEX | | 4 RACE | 5 DATE OF BIRTH | | 6 AGE LIN YEAR | RS IF UI | NDER I YR | | 24 HRS | 2c DATE | MON H | LAY YEAR | 24 HOU |
| | | М | W | 6/8/58 | YEAR | 29 YR | - | THS DAYS | HOURS | MIN | PRONOUNCED DEAD 10 | -23- | | 87 P N |
| | 7a BII | RTHPLACE (5 | TATE OR | 76 CITIZEN OF WH | AT COUN | VIRY? | MARR | IED X NE | VER MARR | IED 🗌 | 9 BALTIMORE CITY O | RCOUNT | Y OF DEATH | |
| | | sh., | | US | A | | WIDOV | VED | DIVORC | ED 🗆 | Montgome | ry Co | ounty | ME |
| 1 | | OCKVIL | | II NAME OF HOSE (IF NOT IN SUCH FAC Shady Gr | ILITY GIVES | TREET ADDRESS | | | | . FOR | WAL OCCUPATION (TYPE MOST OF WORKING LIFE MPloyed | OF WORK | None | SUSINESS |
| | USUA | L RESIDENCE | (IF IN NURSING HOME OF | OTHER INSTITUTION GIV | | | | | | | | 1 | 20872 | > |
| 2 | 13a S1 | MD | | gomery | _ | nascus | | YES | NOXE | 13e STF 98 | Ol Bethes | | | |
| 1 | 14 FA | THER'S NAME | E | MIDDLE | | LAST | | 15 MOTH | R'S MAID | ENNAM | E MIDDLE | | LAST | |
| ·val | | Allen | | Lew | is, | Sr. | | Ca | rol | | June | | Sentel | le. |
| | 16a W | VAS DECEASE | DEVER IN U.S. ARM | | 16b SOC | CIAL SECURITY | NO. | 17 INFOR | THAN | | ADDRESS | | | |
| | | No | 100.000 | THE ON DIVISION | 216 | 74 45 | 30 | Jone | s Fu | ner. | al Home, V | Jinc | hester | VA |
| | | 18 CAUSE C | OF DEATH (Enter only | one cause per line | | | | 10.0 | 33 4 6 | | az momor , | 1.4.4. | APPROXIMA | ATE IN ERVAL |
| | | PARTIDE | EATH WAS CAUSED | BY: E CAUSE (a) MU | | | ripo | 3 | | | | | BETWEEN ONS | SET AND DEATH |
| | / | 2 | 1 MMEDIATI | | | SEQUENCE O | | | | | | | | |
| | | | ns, if any, which | | | | | | | | | | | |
| | | | se to immediate | (b) | 45 4 601 | ICE OUT NOT O | | | | | | | + | |
| | | lying car | | DUE TO, OK | AS A CON | ISEQUENCE O | F | | | | | | | |
| | | | | (c) | | | | | | | | | | |
| | 70 | PART 2 OTHER SI | IGNIFICANT CONDITIONS C | ONTRIBUTING TO DEATH B | UT NOT RELA | LIED TO THE TERMIN | NAL DISEAS | E OR CONDITIO | N GIVEN IN PA | RT 1 a | | | | |
| | ō | | | | | | | | | | | | | |
| 1 | CAT | 190 DATE OF | OPERATION | 196 CONDIT | ION FOR | WHICH OPERA | M MOLT | VAS PERFOR | WED? | | | | 2D AUTOPS | Αs |
| | TE | | | | | | | | | | | | YES X | NO 🗆 |
| - | ER . | 210 EXTERNA | AL CAUSE WAS | 216 TIME OF | | _ | 21c H | OW INJURY | OCCURRE | D (ENTER | NATURE OF INJURY IN ITEM 18 P | ART I OR PAR | | |
| 3 | MEDICAL CERTIFICATION | UNDERLYING | G XOR NG CAUSE OF D | | | 0-220-87 | Di | river | in au | ito/a | uto collisi | on | | |
| 1 | DIC | 21d INJURY | | 21e PLACE O | | | | CATION | 111 (40 | | 10.00 0011101 | .011 | | |
| | W | WHILE | NOT WHILE | STREET, FACTO | ORY LARM E | TC) | Roi | ites 2 | 7 and | 80. | Kemptown, | Monte | domerv | Co.MD |
| | | AT WORK | AT WORK | | | | | | | | | | J 4 | |
| | | 22a l certi | fy that I took ghange | of the remain desc | ribed 960 | ove, held an | Autop | sy X | Inspectio | n 🔲 | Inquiry and | d in my ap | inion | |
| 4 | | death result | ed from /Noture | of couses | Acadent | y, Suic | ide | , Hamie | ide . | Undet | termined manner | | | |
| | | | 14// | 11/ 1 | 17. | | | TITLE (S | PECIFY) | | | | | |
| | | ACTUAL SIGNATURE, | Mul | -1.4 | //// | | N | ASS | istar | it MED | DICAL EXAMINER | DATE | 10-23 | -87 |
| 9 | | | | | | | | | | | | 31011 | | |
| < | | EXAMINER'S (TYPE OR PRI | NAME NT) Cha | rles P. K | okes | , M.D. | | ADDRESS | 111 E | Penn | street, Bal | timo | re,MD 2 | 1201 |
| | 230 BL | JRIAL, CREMA | TION, REMOVAL 23 | b DATE | 23c | NAME OF CEM | | | | | DCATION | | | |
| | Re | emova1 | -Cremati | on 10 2 | | | | | | CITY | nchester, | OUN | VA | STATE |
| | 24 FL | JNERAL DIREC | CTOR | | | | | T | 250000 | REGID AB | | STRAR'S S | V A IGNATURF | |
| | Н | .W.Je | nkins & | Sons ADDRESS | 4905 | York Md. | 212 | 12 | UU | 40 | 1007 1 // 1 | 200 | un Randa | es. |
| | | | | - JII D | U - U C | > 0 1.1 Cl + | 414 | 14 | | | - | | - | |

| 100 | 1 | 1 | 4 | | | | TE OF MAR | | | Z 100 VV | 13. |
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| 111 | C Q Q MAA | 10 | GISTRAR | | ME | DICAL EXAMIN | ER'S CER' | TIFICATE O | FDEATH | REG NO | |
| | | | EASED NAM | E FIRST 1 | RVING | WILETE | · LIB | ERMAN | 20 DATE K | NOWN & MONIM | DAY YEAR 26 HOW |
| | 25 55 55 E. | | | I VVI | in go | 6 | -160 | 1ma | OF DEATH / | MATED DO | 61-70 -7 7 |
| | PIE | 3 SE | MALE | WHITE / | MARCH BITTH | 1920 6 AG 9 IN YEA | N OI TOLL | | 24 HRS 20 DATE | MONTH | TAY YEAR 2d HCHY |
| | N S I S | | 131 | 11/ | 11 2-1 | ZA SIRTHDA | MCITTES D | Hours Hours | MIN PRONOUNCE | Det. | 2-9 10 57 4 |
| 1 | SAR ALL | 70 BI | THPLACE . | TATE OR | 16 CITIZEN OF W | 7 0 1 | R | | 9 BALTIMO | RE CITY OR COUNT | |
| | ECESSA JNERAL FOR Y WITHIN PREST | FCI | LLINOI | S | U.S. | Α. | WIDOWED | NEVER MARRIE | - II | s x -ha | 22.6 (1) 45 |
| | 220 32 , | 30 CI | TY OR TOWN | OF DEATH | 11 NAME OF HO | SPITAL NURSING HOME | , OR OTHER IN | | 120 USUAL OCCUPA | TION TYPE IT WORK | 126 KIND OF BOSINESS |
| | AY IS PAGE FILED | 0 | 11 | 2000 | (IF NOT IN SUCHE | CHITY GIVE TREET ADDRESS) | 1-/3 | , n , . | LAWYER | NG LIFE) | GOVERNMENT |
| | A SECTION OF THE PROPERTY OF T | USUA | L RESIDENCE | LIFA NURLAG HOME OR | | IVE RESIDENCE BEFORE ADMIT TO | ONI | - | | 20902 | CONSULTANT |
| 2120 | A STATE | 130 \$ | MARYLAN | D HIS COUNTY | · · · · · · · · · · · · · · · · · · · | 131 CHTOR TOWN | 1 | (7) | 13e STREET ADDRES | 5 20902 | 7 |
| | F 48 E 8 | 11.5 | THE DIE NIAMA | 2 / 102 | 3 N- 6. | 1020 | YE! | XX | 11007 | 001321 | Dr. 181 |
| BALTIMORE, MD. | EATH PM PM AND 2 | 1 | AVE NAMI | | | LIBERMAN | U 15 A | SEMA | N NAME MID | DLE S | TEINBERG |
| WO | PAGEN | 16a. V | AS DECEASE | D EVER IN U.S. ARMI | ED FORCES? | 166 SOCIAL SECURITY | (NO. 17 IN | OTUED 17 | DEDULU 11 | 009ES LEBAR | ON TERRACE |
| Ē | AFTI NE PAGE AGE ISIO | | C3 | (IF IES SIVE W | AR OR DATES! | 322-12-082 | 21 E. | STHER LI | | | NG. MARYLAND |
| 60 | WITH WITH PAG DIVISI | | 18 CAUSE C | OF DEATH (Enter only | one cause per lini | e for (april), and (c) | 14 | 7 | , 4 | 1 | APPROXIMATE IN FRVAL |
| 1ST | MA JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN | | PARTIDE | EATH WAS CAUSED | BY: | Acart | 2 M | y 0 0 2 | v dia | 1), | BETWEEN ONSET AND DEATH |
| 10 | SA SE | | | IMMEDIATE | | AS A CONSEQUENCE O | DF " | | | , , | |
| ES | EACH NSI | | Conditio | ns, if any, which | 1 | Chutn | 11.1 | AVDO- | 1.12 | 1 11,5 | |
| >. | 1225 X | | | se to immediate | (b) | AS A CONSEQUENCE O | 20 | 1 00 | - F W | U V | |
| - 6 | 923233 | | lying car | | 000 10,01 | AS A CONSEGUENCE C | 71 | | | | |
| 5,2 | 1,7529 | | DADI 2 OTUED C | ICHIEICANI CONDITIONS CO | (c) | BUT NOT BELLIZED TO THE TERM | | | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST | #9895# #9895# | CERTIFICATION | / | Non | C DEATH | BUT NOT RELATED TO THE TERM | WAL DISEASE OR CO | UNDITION GIVEN IN PAR | 110 | | |
| 2 | BELGE 7 | 7 = | 190 DATE OF | OPERATION | 196 COND | TION FOR WHICH OPER | ATION WAS PE | ERFORMED? | | | 2D AUTOPSY? |
| I Y | 古名其記名 | Ĭ | / | - word | 2 | | | | | | YES NO |
| 7 | EN WORLD | | 210 EXTERNA | AL CAUSE WAS | 216 TIME O | | 71c HOW IN | NJURY OCCURRED |) LENTER NATURE OF INJU | RY IN ITEM 18 PART 1 OR PA | |
| 2 | DEC SE | | UNDERLYING | G OR | | A. MONTH DAY YEAR A. 19 | | | | | |
| Sio | NO STATE | MEDICAL | 21d INJURY | | 21e PLACE | OF INJURY (AT HOME. | 21f LOCATIO | ON | | | |
| Div | S S S S S S S S S S S S S S S S S S S | X | WHILE | NOT WHILE | STREET, FAC | TORY, FARM ETC) | STREET | | CITY OR TOW | TO | UNTY STATE |
| | HAMA | | AT WORK | AIWORK | | | | | | | |
| | 2000年8 | | 22a l cert | fy that I took charge | of the remains de | scribed above, held an | Autopsy L | Inspection | Inquiry [| and in my ap | noini |
| | WE WE EX | | death result | ed from Natura | l causes . | Accident Sui | icide | Homicide | Undetermined man | ner | |
| | EXA DIR WII | | ACTUAL | 7/ | pa K | 2 | T | ITLE (SPECIFY) | | | 12 7. 10. |
| | AHONE - | | SIGNATURE | 1 | 1-01 | 475-22 | M.D | Dag. | MEDICAL EXAMI | DATE NER SIGNE | 616-2019 |
| | MEDIC CUTE T SE 4 SI FUNER TIMOR | | EXAMINER'S | NAME D' | R. JOHN . | S. ROGERS, A | 1 0 | 0 | 1919 SEMIN | ARY ROAD | |
| | | | TYPE OR PRI | NT) | | | ADDR | RESS | | ING, MARY | LAND |
| | PAP PAP — | 23a B | IRIAL CREMA | TION, REMOVAL 231 | DATE 10/20/1 | O G JESNAMI ONAL | AETERA PRICEI | MATHEBREU | | PRINCE | |
| 07 84 | BP | L | UKTAL | | 10/50/1 | CEN | METERY | | HEIGHTS | GEORGE | MARVIANI |
| 25M | DHMH = 17 | 24 E | NERAL PIREC | WR STETN | HEBREW | EMORIAL FUNE | RAL HOL | MF 250. DATER | EC'D BY REGISTRAR | | |
| | (VR A15 ME (5)) | 1 | | | | WASHINGTO | | C. HUY C | 4 1987 | - ARVIGOOM | -Handelle . |



equires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN The low retained by the hospital or attending physician. FOR

must be notified of once

mpletely filled in by the funeral and 2 should be filed within 72

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIENE

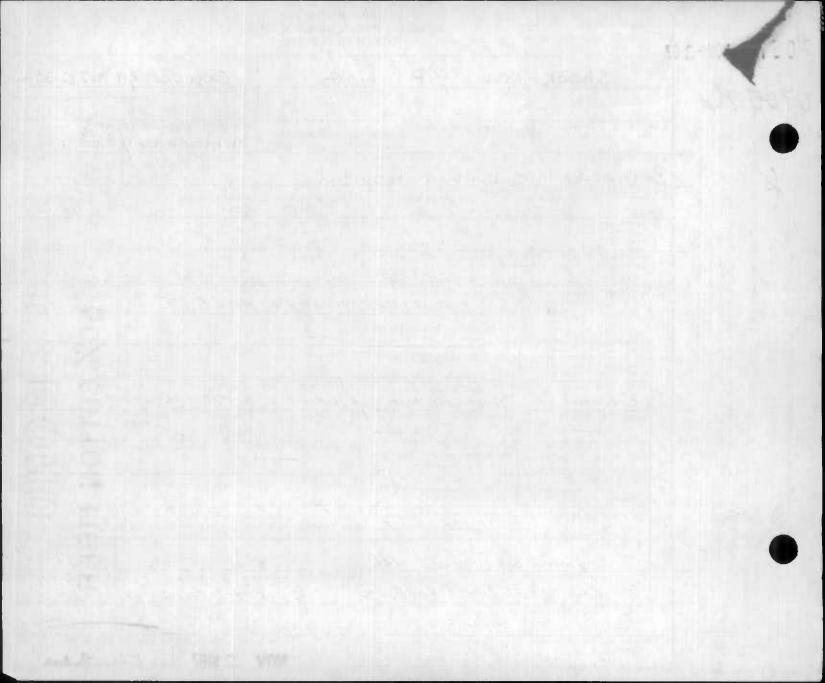
30025

| 71. | REGISTRAR | | | | CERTIF | ICATE OF D | EATH | REG. N | 0. | | |
|---------------|--|-------------|-----------------------|-------------------------|------------|----------------------------|---------------|--------------------------------------|-------------------|-----------------|-----------------------------------|
| | CEASED NAME | FIRST | | MIDDIE | L | AST | | 20 DATE OF DEATH | MONTH DA | AY YEAR | 26 HOUR |
| (-TYPE | Shc | OOK. | -Kun | YiP | L | ing | | Octob | er 2 | 9 1987 | 2:30 F |
| 3 SE | Х | | 4 RACE | 4 | 5 DATE C | | YEAR | 6 AGE (IN YEARS LAST BE | THDAY) | ONTHS VEAR | IF UNDER 24 HR |
| | Female | | Chine | | | ch 18, | 1903 | 84 | YRS. | | |
| | IRTHPLACE (STATE ON I | FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | MARRIE | D NEVERA | | 9 BALTIMORE CITY | | , | |
| | China | | Chir | | WIDOWE | | ORCED | Montgo | | | |
| 10 C | ITY OR TOWN OF DEA | ATH | | HOSPITAL, NURSIN | | OR OTHER INST | ITUTION | 120 USUAL OCCUPAT | | | OF BUSINESS (|
| B | ethesdo | 1 | Subu | rban | HOSE | ital | | Housewife | | | Home |
| | AL RESIDENCE (IF NURS | 136 COUL | | 13c. CITY OR TOW | | 13d INSIDE CI | ITY LIMITS? | 13e STREET ADDRESS | | | |
| M | arvland | Mont | gomerv | Bethesd | la | YES 🗌 | NO De | 9307 Ferny | rood Ro | ad : | 20817 |
| - | ATHER'S NAME | | | | | | MAIDEN NA | MÉ | | | |
| | FIRST | | MIDDIE | LAST | | | FIRST | MIDDLE | | LA | |
| 14 > | Jen-Chu was deceased ever | INT LLC A | PAAED EODCESS | Yip 166 SOCIAL SECU | IDITY NO | 17 INFORMA | ang-Si | n ADDR | FSS | Ho |) |
| | YES NO OR UNKNOWN) | | VE WAR OR DATES) | 100 SOCIAL SECO | KIIT NO. | I I II II OKMA | | | | | |
| | No | | | 217-74- | 7571 | Kwok-C | hi Ger | trude Cheng | sa | me as | |
| | 18 CAUSE OF DEAT | H (Enter or | nly one cause per | line for (o), (b), on | dicil | | | | | BETWEEN | CIMATE INTERVAL ONSET AND DEAT |
| | PART I DE ATH W | AS CAUSE | TE CAUSE (o) | parail | PAR | SPIRA | TRY | ARRES | > | | 400185 |
| CERTIFICATION | C/RRMES/ | , , | | THYPER | | | | 200 AUTOPSY? | 20h IF YES, | WERE FIND | INGS USED S OF DEATH? |
| TIF | | | | degradure. | | | | YES NO | YES | | NO 🗆 |
| | OR CONTRIBUTING | CADLE OF DE | ATH HOUR A | M. MONTH D | | 21c HOW IN | JURY OCCURI | RED (ENTER NATURE OF INJ | IRY IN ITEM 18 PA | RT I OR PART 2} | |
| MEDICAL | (IF EITHER NOTIFY MEDI | | 21e PLACE | M. OF INJURY | 19 | 211 LOCATIO |)N | | | | |
| MEI | WHILE NOT WE AT WORK | Hite | (AT HOME ST | REET FACTORY, OFFICE, I | EARM ETC) | STREET | | CITY OR TO | NWO | COUNTY | STATE |
| | 220 I certify that (I) | | ital) attended th | ne deceased from | 9-1. | 5-87 | 19 8 7 | to 10 - | 29 1 | 937 | that (I) (we) I |
| | sow the deceos | | | 28 19 | 87 0 | nd that in (my) | (our) opinion | death occurred on the c | lote and hour | | |
| | obove, (I) (we) (| did (did no | ot) view the bady | after death | | | | | | | |
| | 226 SIGNATURE | Ansa 1 | 167 | === | ND | DEGREE | TTENDING | MEDICAL STA | AFF | | 79.8 |
| 1 | 22d PHYSICIAN'S N. | AME ITABE | Tales of | -cres | 100 | 22e ADDRES | | | | | - (-) = |
| | - 2 | | / | VTIVERE | f. My | b | 162 | 20 FREDE | | | 42% |
| | - C | VJAK | 1100 00 | VIIVE/CC | 1,0 3 | 1 | (m /h // | REFIELKUR | 6- M | 0 20 | 877 |
| | BURIAL, CREMATION, | | Tash DATE | | | EMETERY OR C | REMATORY | 23d LOCATION CITY OR TOWN | 6 M | D 20 | 877 |
| | BURIAL, CREMATION, | REMOVAL | 236 DATE 31, | Oct. 230 1987 Ga | NAME OF C | Heaven | Cemet | 23d LOCATION CITY OR TOWN ETY Silve | er Spri | county | STATE Marylan |
| 24 F Be | Burial, CREMATION. Burial UNERAL DIRECTOR ethesda-Chi | Removal | 236 DATE 31, t A. Pur | Oct. 230 1987 Ga | te of | Heaven Home/ sconsin | Cemet | 23d LOCATION | er Spri | county | TURE |

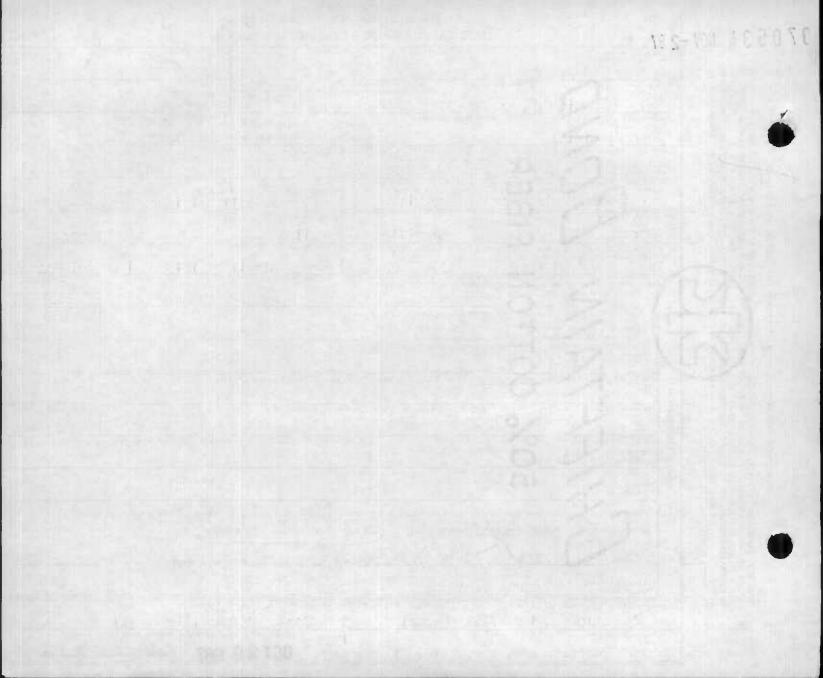
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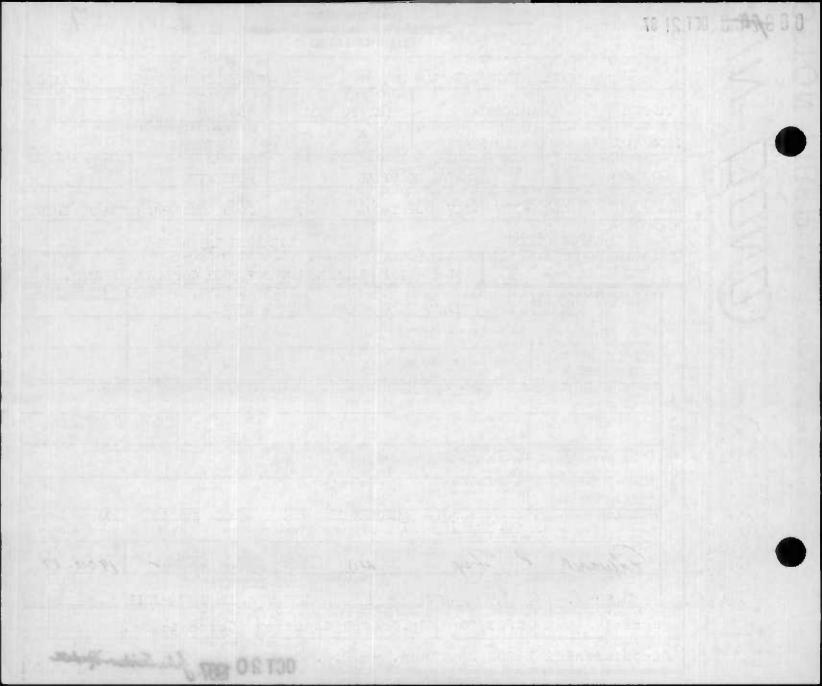
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages "with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYBIENE - STATE 070534 NOV 2 87 GISTRAR 20 DATE KNOWN XX OF DEATH MATED 2419 87 George Douglas IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 24 19 87 1:25F Male White Dec. 20 37 49 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY) West Virginia DIVORCED X USA Montgomery County D CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ITYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY 2511 Baltimore Road Rockville A.D.A.M.H.A. Budget Analyst USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 3c CITY OR TOWN Maryland Montgomery Rockville 2511 Baltimore Road 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Gordon Linville Eliza Hager 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO LIF YES GIVE WAR OR DATES Yes Vietnam 233-54-5596 Gordon Linville, 1515 Paul Russel Road 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY Hypertensive & arteriosclerotic cardiovascular disease DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) USED A 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? ECUTE THE CERTIFICATE, WRITING THE WORD GE 4 SHOULD BE FORWARDED TO THE CHIE PUNERAL DIRECTOR: PAGE 3 SHOULD BE US TRE DEATH, WITH THE STATE DEPARTMENT OF LITIMORE, MARYLAND, 21201 PRIQF TO BURIA YES X NO [210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET FACTORY, FARM, ETC) CITY OR TOWN STATE WHILE AT WORK AT WORK Autapsy X 220 I certify that I taok charge of the remain described above, held an Inspection death resulted from Hamicide Undetermined manner Assistant 10/25/87 SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. Penn St. Balto.MD. TYPE OR PRINT) ADDRESS. PA PA PA BA 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation 10/29/87 Security Process Crem. Catonsville Baltimore 07 84 25M 24 FUNERAL DIRECTOR DHMH - 17 Hubbard Funeral Home, Inc., 4107 Wilkens Ave. (VR A15 ME (5))



| 6 9/2/6 8 OCT | 31 | GTR STATE REGISTRAR | | | DEPARTN | NENT OF H | E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH | GENE / | j j j . | 27 |
|--|---------------|---|--|----------------|----------------------------------|-----------|--|---|---|-----------------------------|
| e 6.4 | | CEASED NAME OR PRINT) | FIRS | | MIDDLE | | AST | 2a DATE OF DEATH | | EAR 26 HOUR |
| moy be poge 3 | | | EILE | | ABETH LOV | | | OCTOBER | | 7:30 M |
| ofter p | 3. SE | | | 4 RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST B | BIRTHDAY) IF UNDER I | YEAR IF JNDER JER |
| ge ge | | EMALE | | CAUCAS | | MA | Y 10 1931 YEAR | 56 | YRS | |
| decth Pc | PE | NNSYLVANIA | | UNITED : | | WIDOWE | | MONTGO | | MD. |
| by the filled with notified |] | BETHESDA | | (IF NOT IN SUC | NAVAL H | OSPIT | AL | TYPE OF WORK FOR MOST HOUSEWIF | OF WORKING LIFE) INDUS | IND OF BUSINESS OR STRY |
| n 24 hou filled in hould be | 13n 9 | AL RESIDENCE (IF NURSI STATE RYLAND | 13b COUN | GOMERY | SILVER S | V . | 13d INSIDE CITY LIMITS? | 130 STREET ADDRESS 9605 COT | ZIP CODE TRELL TERRA | ACE 20903 |
| coll e executed within 24 ho | 14. F.A | ATHER'S NAME FIRST ANTHO | ONY S | TEINER | LAST | | | ZABETH TRIE | | LAST |
| ond co | | VAS DECEASED EVER | | MED FORCES? | 165 SOCIAL SECU | | WILLIAM LOV | (Husband) EJOY,9605 CO | | RRACE |
| NG PHYSICIAN: The low requires that the death gent ottending physician where signed by the ottending signatures that the ottending signatures been signed by the ottending of the burial strong transfer permit. Then please remove correct the and Mental Hygiene prior to burial, cremation, article or weed or them 18 shows any injury, or other traumatic even or ked or them 18 shows any injury, or other traumatic even | NOI | gove rise to imm couse IoI, statin- underlying couse PART 2 OTHER SIGN | g the lost | (c) | R AS A CONSEQUE | | NOT RELATED TO THE TER | RMINAL DISEASE OR COM | NDITION GIVEN IN PAI | RT 1 a |
| The low in | CERTIFICATION | 190 DATE OF OPERAT | ION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? YES X NO | 206 IF YES, WERE FI IN CERTIFYING CAU YES X | INDINGS USED USES OF DEATH? |
| SICIAN: T ng physici certificate irrol-tronsi entol Hygi | | OR CONTRIBUTING C | AUSE OF DE | HOUR A. | M. MONTH DA | Y YEAR | 21c HOW INJURY OCCU | RRED (ENTER NATURE OF IN) | PY NIEM IS PART DRPAR | RI. |
| AG PHYS offendin frer this c | MEDICAL | 21d INJURY OCCURR | | 21e PLACE | OF INJURY REET FACTORY OFFICE FA | ARM ETC.) | 211 LOCATION STREET | · 17Y OR T | OWN OUNT | TY STATE |
| R ATTENDIP hospital or RECTOR, A red for use or spt of Healt | | 22a I certify that (I) saw the decease abave, (I) (we) Id | (this hospi d alive an id) (did no | octol OCTO | BER 18 19 | | BER 13 19 87 d that in (my) (aur) opinio | to <u>OCTOBE</u> n death accurred an the o | | |
| HOSPITAL OR A med by the hos FUNERAL DIRECT UND BE detached to the Store Dept of the | | 226 SICHAJURE LAWAY 224 PHYSICIAN'S NA | AF ITYPE O | P | Fey | | ATTENDING PHYSICIAN 1220 ADDRESS NATA | | | 9 oct. 87 |
| 0 g 0 g g x | 22 - | | | | MC, USNR | | BETH | L HOSPITAL ESDA, MD 208 | 314-5011 | |
| BP | (| Burial, Cremation, I Burial Uneral director | REMOVAL | 10/23 | /87 St | . Jos | eph Cemete | ry Carne | gia,Pa. | STATE |
| DHMH 16 60M 7/84 (VRA 15, 4) | | ines/Rin | aldi | 11800 | NewMan | ıp.Av | e.S.S.Md | T20 MOT | 1256 REGISTRAR'S SIG | |
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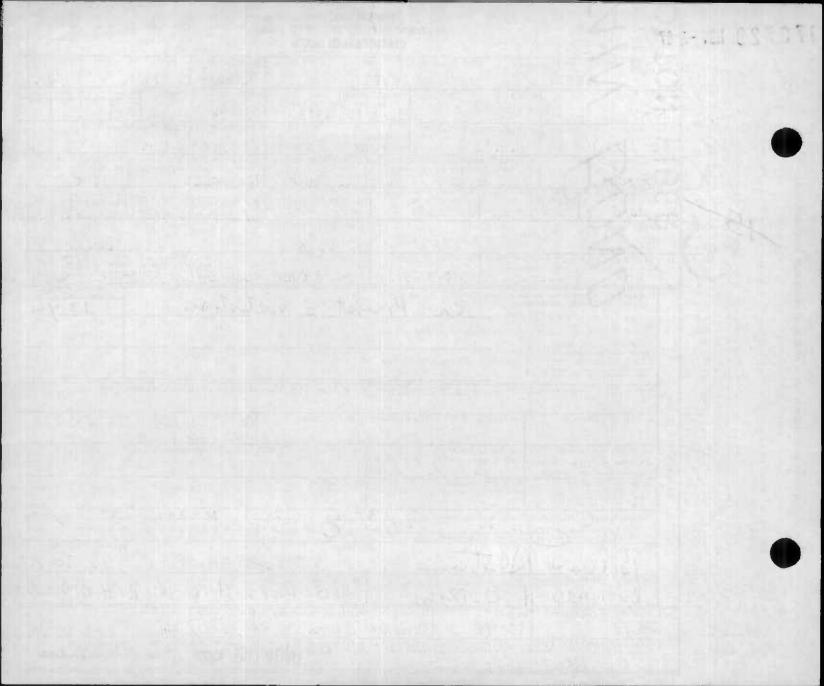
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 10 /- | REGISTRAR | | | | CERTIF | ICATE OF DEATH | | REG. N | 0 | | 7 | |
|-----|---------------|--------------------------------------|-------------|----------------------|-----------------------|-----------|---------------------------|---------|---------------------------|---------------|-----------------|--------------|----------|
| Ì | | CEASED NAME | FIR51 | | MIDDLE | l. | AST | | 20 DATE OF DEATH | | DAY YEAR | 26 HOU | R |
| - | (1176 | I 1 | RENE | | | LOVE | TT | | October 29 | 9. 198 | 7 | 9:30 | р. м |
| 1 | 3 SEX | X | | 4 RACE | | 5 DATE C | | | 6 AGE (IN YEARS LAST BIR | | IF UNDER 1 YEAR | 4 | |
| | F | emale | | White | | June | 10. 1913 | | 74 | YRS | MONTHS DATS | HOURS | MIN, |
| I | | RTHPLACE ATE OR F | OREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED | | 9 BALTIMORE CITY O | | OF DEATH | | |
| 1 | | ew Jersey | | U.S.A | | WIDOWE | | | Montgomera | 1 Coun | tu. | | MD |
| Ť | 10 CI | TY OR TOWN OF DEA | TH | 11. NAME OF | HOSPITAL, NURSIN | IG HOME C | OR OTHER INSTITUTION | | 12a USUAL OCCUPATI | ON | 126 KIND C | | SSOR |
| ۱ | Be | thesda | | 5225 F | Pooks Hill | Rd. | #823 South | | Homemaker | F WORKING LIF | INDUSTRY Hon | | |
| ţ | USUA | AL RESIDENCE (IF NURS | 136 COU | OTHER INSTITUTION | | | | | 13e STREET ADDRESS | / 710 CODE | | | |
| I | | ryland | | gomery | Bethesda | , | 134 INSIDE CITY LIMIT | 15: | 5225 Paaks | | | | Cour |
| | _ | THER'S NAME | | | | | 15 MOTHER'S MAIDER | NNAM | ΛE. | n.ccc | Rouu, | 1825 | 2000 |
| i | | Monnis | | MIDDLE | Roth | | Dona | | MIDDLE | 7 1 | zkowi | + 7 | |
| t | | VAS DECEASED EVER | | | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | | RAPPE | | Md. 20 | | |
| ł | () | VES. NO OR UNKNOWN) | (IF YES GI | VE WAR OR DATES) | 579-07- | 9124 | Ronald Col | hon. | | | | | a DH |
| ŀ | | 18 CAUSE OF DEAT | H (Enter o | aly one couse ne | | | TROMOCCA CON | i Crij | Jon Jon La | 00,000 | | CIMATÉ INTER | |
| I | | PART I. DEATH W | 'AS CAUSE | D BY TE CAUSE (o) | (4 | /) | ust & | Ma | testosis | | BEIWEEN | 3 U | TA |
| 1 | | | | DUE TO C | R AS A CONSEQUE | NCE OF | | | | | | - | |
| 1 | | Conditions, if any, | which | ((b) | | | | | | | | | |
| ۱ | | gave rise to imm | | DUETO | R AS A CONSEQUE | NCE OF | | | | | | | |
| 1 | | underlying cause | | DUE 10, 0 | K AS A CONSEQUE | INCE OF | | | | | | | |
| I | | PART 2 OTHER SIGN | VIFICANT | CONDITIONS C | ONTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE | TERMI | NAL DISEASE OR CON | DITION GIV | EN IN PART 1 | a | |
| ı | NO | | | | | | | | | | | | |
| 1 | CERTIFICATION | 19a DATE OF OPERAT | ION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | | 20a AUTOPSY? | | WERE FINDI | | |
| ł | TIFIC | | | | | | | | YES NOT | IN CERTIF | YING CAUSES | NO T | |
| 1 | CER | 21a ACCIDENT WAS UND | - | 216. TIME C | | | 21c HOW INJURY OC | CURRE | ED (ENTER NATURE OF INJUI | | | | |
| ı | | OR CONTRIBUTING C | | 210 | .M. MONTH DA | AY YEAR | | | | | | | |
| I | MEDICAL | 21d INJURY OCCURE | | 21e PLACE | OF INJURY | | 211 LOCATION | | | | | | |
| ı | M | WHILE NOT WH | nt | (AT HOME ST | REET FACTORY OFFICE F | ARM ETC) | STREET | | CITY OR TO | WN | COUNTY | | TATE |
| l | | 22a.l certify that (1) | | ital) attended th | ne deceased from | | > - () | 74 | 10 - 7 | A | 10 87 | thot(II)(v | un) last |
| 1 | | sow the decease above (1) (we) (d | | | | £7 or | nd that ir (my) (our) opi | inion d | eoth occurred on the do | ote and hou | ond I om the | | |
| ı | | 22b SJGNATURE | lid (did no | it wiew the body | olter death | | DEGREE | | | | | SIGNED | |
| l | | 13/1 | / | 1.10= | 1 | | ATTENDIN | NG _ | MEDICAL STAI | F _ | | | 07 |
| ł | | 22d PHYSICIAN'S NA | AAE CTUDE | 100 | WML | | PHYSICIA 27e ADDRESS | AN G | DIRECTOR PHYSIC | IAN [| 10 | -30- | 0/ |
| ı | | | | 11 8 | COAL | | 5225 P | 200 | c 14,11 | 120 | 0.54 r | 1117 | 0417 |
| ļ | | BERNIA | | 1.0 | STROW | | | 00 K | 7 11100 | (-) (| 56111,11 | / | -01/ |
| 1 | | URIAL, CREMATION, | REMOVAL | | | | EMETERY OR CREMATO | | 23d LOCATION | | COUNTY | 5, | TATE |
| 1 | | Burial | | 11/1/ | | ng Da | vid Memoria | | | Church | | hax; | Va. |
| | 24 FL | INERAL DIRECTOR DA | ANZAN | SKY-GOL1 | DBERGADOREM | ORIAL | CHAPELS 250 | | REC'D BY REGISTRAR | | | | - |
| 1 | 11 | 170 Rockvil | lle P | ike; Ro | ckville. 1 | Md. 2 | 0852 IN | IOV | 1841 60 | guila , | Bandson. | Kundar | - |
| - 6 | _ | | | | | | | | | | | | |

DHMH 16 60M 7/B4 (VRA 15, 4)

BP.



death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN The law

attending physician

etoined by the haspital ar

BP.

within 72 pours after death

death Page 4 may be

FOR

STATE OF MARYLAND

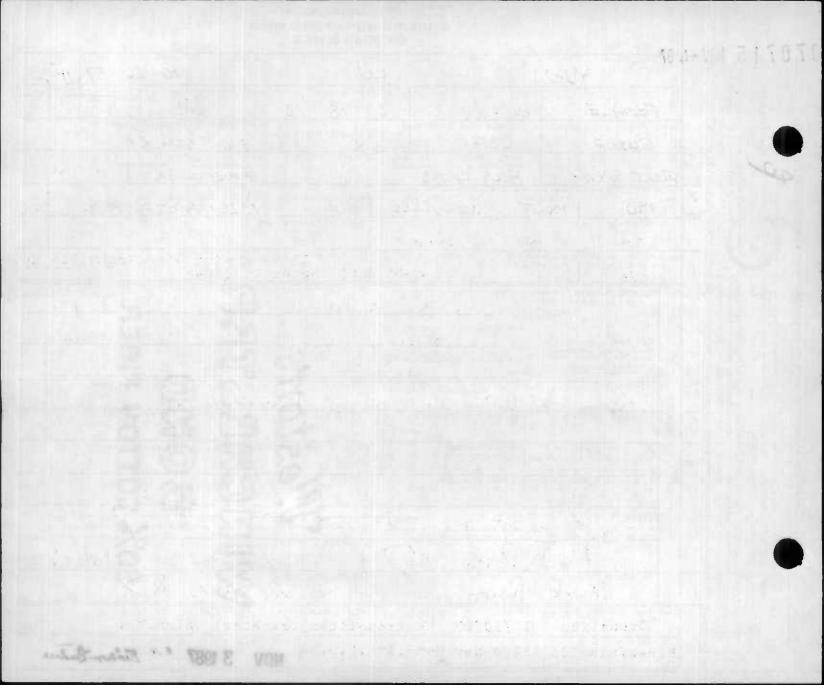
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| L | 1 - | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG N | 0 | | | |
|---|---------------|--|---------------------|----------------------|-------------------|-------------------------------|--------------------------|-------------------------|--------------------------------|--|--|
| ī | | | RST | MIDDLE | l . | AST | 20 DATE OF DEATH | MONTH DAY | YE AR 2 | b HOUR | |
| L | TYPE | OR PRINT) | 'N' | С. | L | U | | 10 26 | | 11 AM | |
| 3 | SEX | | 4 RACE | 4 | 5. DATE C | | 6 AGE (IN YEARS LAST BIR | THDAY) IF | | FUNDER 24 HR | |
| | | FEMALE | Chi | nese / | ~3 | 18 18 | 67 | YRS | | | |
| 7 | o BIF | OUNTRY | IGN 76 CITIZE | OF WHAT COUN | MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY C | R COUNTY O | FDEATH | | |
| | | CHINA | (| SA | WIDOWE | DIVORCED [| MONTE | MERY | | MD | |
| T | 0 (1 | TY OR TOWN OF DEATH | 11. NAM | OF HOSPITAL, N | | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | ON OF WORKING LIFE) | 126 KIND OF | BUSINESS OR | |
| k | 12 | VER SPRING | HO | LY CROS | | | HOMEINAK | | OWII II | ome | |
| | | | HOME OR OTHER INSTE | UTION GIVE RESIDENCE | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | ZIP CODE | | | |
| L | | MD. | MONT. | ROCKU | ILLE | YES 🗓 NO 🗌 | 13201 AK | A COMPANY | QUE. | 20852 | |
| 7 | 4 FA | THER S NAME | MIDDLE | LAS | .T | 15 MOTHER'S MAIDEN NA | ME | | LAST | | |
| 1 | | Sung | Ong | | ung | Lee | | | | | |
| Ī | | AS DECEASED EVER IN I | J.S. ARMED FOR | | SECURITY NO. | 17 INFORMANT1140 | 3 Empire I | ane R | ockvil | lle,Md. | |
| ı | { Y | N/A | LASS CIAS MAY ON DY | | 1-7860 | Hollington | Lu (Son) | | | | |
| f | | 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) | | | | | | APPROXIMA BETWEEN ON | SET AND DEATH | | |
| l | | PART I DEATH WAS | MEDIATE CAUSE | o) Car | duce o | hrest | | | 30 m | 1111 | |
| ı | | | DUE | O. OR AS A CONS | SEQUENCE OF | | | | | A | |
| 1 | | Conditions, if any, which (16) Algoria | | | | | | | con h | rech | |
| ı | | gove rise to immediate cause ia , stating the DUETO, OR AS A CONSEQUENCE OF | | | | | | | | | |
| l | | underlying cause I | ast (| c) | | | | | <u> </u> | | |
| | Z | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 | | | | | | | | | |
| , | CERTIFICATION | 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 100 AUTOPSY? | | | | | | 206 IF YES, V | 206 IF YES, WERE FINDINGS USED | | |
| | IFIC | | | | | 0 0 | YES NOW | IN CERTIFY! | NG CAUSES O | F DEATH? | |
| | ERT | 21g ACCIDENT WAS UNDERLY | YING 216 T | IME OF INJURY | | 21c. HOW INJURY OCCUR | | | | | |
| 1 | | OR CONTRIBUTING CAUS | SE OF DEATH | IR AM. MONTH | | | | | | | |
| 1 | MEDICAL | 21d INJURY OCCURRED | | P.M. | 19 | 21f LOCATION | | | | 11 | |
| | WE | WHILE NO WHILE | (AT HC | ME STREET FACTORY O | OFFICE FARM ETC) | STREET | CITY OR TO |)WN | COUNTY | STATE | |
| I | | 22a 1 certify that (1) (hi | s haspital) attend | led the deceased t | rom | 1 19 3 | 2 to O 111 | Ver 19 | <u>7</u> th | of we lost | |
| 1 | | sow the deceased o | live on 0 | t 26 | 19-370 0 | nd that in (my) (our) opinion | death occurred on the d | ate and hour a | nd from the co | uses stated | |
| ı | | saw the decased alive on the date and hour are obove. (1) we idid id not wew the body alter death 22b. SIGNAPORE DEGREE | | | | | | | | GNED | |
| ı | | ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 10/26/57 | | | | | | | | 6/27 | |
| 1 | | 224 PHYSICIAN'S NAME | TYPE OR PRINT | | | 22e ADDRESS | | | | N. S. | |
| | | Mai | IC Ko | sen | | Silver | rspring, | 4) | | | |
| T | 23a B | URIAL, CREMATION, REA | MOVAL 236 DA | | | EMETERY OR CREMATORY | 23d LOCATION | | county | TATE | |
| | | Cremation | n 10/ | 30/87 | Metro | oolitan Cre | | Lex.Va | • | | |
| | 24 FU H i | nes / Rinal | di 1180 | 0 New H | amp.Ave | e.S.S.Md | REC'D BY REGISTRAF | | AR'S SIGNATU | The state of the s | |

DHMH 16 60M 7 84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remave carbon papers, with the State Dept. of Health and Mental Hygrene prior to burial, cremation, or removal.

IMPORTANT If Hem 21 is marked at Hem 18 shaws any injury, at other traumatic event, the



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and containers if the this should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

death Page 4

| | FOR |
|---|-----------|
| - | STATE |
| | DECISTRAD |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 3. SEX | PASED NAME | FIRST | A | MIDDLE | LAST | | 20 DATE OF E | DEATH MONTH | | | |
|-----------------------------------|--|---|---|---|---|--|--|--|---|-------------------------------------|--|
| 3. SEX | L | | | | | | | | | ~ 00 | |
| 3. SEX | Leon | | | | Lube: | 1 | Oct. 18, 198 | | | 800 | |
| | (| 4 | RACE | | 5 DATE OF BIRTH | | 6 AGE (IN YEARS LAST BIRTHDAY) | | IF INDER | FUNDER FEAR IF INCHE. | |
| | Male | | White | | Aug. 4, 1914 | | 73 | Y | (RS | ATT : NCUR | |
| To BIRTHPLACE ISTATE OF FOREIGN 7 | | | 76 CITIZEN OF WHAT COUNTRY? | | 8 MARRIED NEVER MARRIED | | 9 BALTIMOR | 9 BALTIMORE CITY OR COUNTY | | OFDEATH | |
| Conn. | | | | | | WIDOWED DIVORCED | | Montgomery | | | |
| 10 CIT | TY OR TOWN OF DEAT | TH 11 | | | | THER INSTITUTION | 12a USUAL O | CCUPATION OR MOST OF WORK | | ND OF BUSIN | |
| C | Chevy Chase | | 4701 W | illard Av | renue | | | & CEO | | ire Co. | |
| USUA 13a S | AL RESIDENCE (IF NURSINGTATE | NG HOME OR OT | THER INSTITUTION | GIVE RESIDENCE BEFORE | | I INSIDE CITY LIMITS? | | DDRESS / ZIP (| CODE | | |
| | MD | Monte | romery | Chevy Ch | | ES NO | | | d Ave./ | 20815 | |
| 14 FA | THER'S NAME | | DDLE | LAST | 15 | MOTHER'S MAIDEN N | AME | WIDDLE | | | |
|) H | loward | | 5. | Lubel | | Ida | | | | ltzer | |
| 160 WAS DECEASED EVER IN U.S. ARM | | | | 166 SOCIAL SECUI | | INFORMANT | | 14209 Twig Road | | | |
| (1) | YES NO OR UNKNOWN) | WW I | VAR OR DATES) | 577-12-7 | 672 | L. Kenneth | Lubel, S | Silver S | Spring, | MD | |
| | 18 CAUSE OF DEATH | Enter only | one couse per | line for a , the and | Ic | | | | AP BETV | PROXIMATE INTE | |
| | PART I. DEATH WA | AS CAUSED I IMMEDIATE (| | a | nem | in | | | 1475 | 3 .11 | |
| | | IMMEDIALE. | | AC A CONSEQUE | NOTE OF | a a 0 | 1 1 | | | | |
| DUE TO, OR AS A CONSEQUENCE OF | | | | | | | - T.A- | | | LILAN | |
| | Conditions if ony | which | (| M. Hind | Wir (| 1 11 11 | WILL | | | 7 400 | |
| | Conditions, if any, gove rise to imme | ediote | (b) | Milal | uri (| a de la | MU | | | 790 | |
| | | ediote | DUE TO, OF | R AS A CONSEQUE | NCE OF | | Wille. | | | 790 | |
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| NC | gove rise to imme couse a stating underlying couse | ediote g the lost | (c) | | | T RELATED TO THE TER | MILLU MINAL DISEASE | OR CONDITION | N GIVEN IN PAR | RT In a | |
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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE

CERTIFICATE OF DEATH

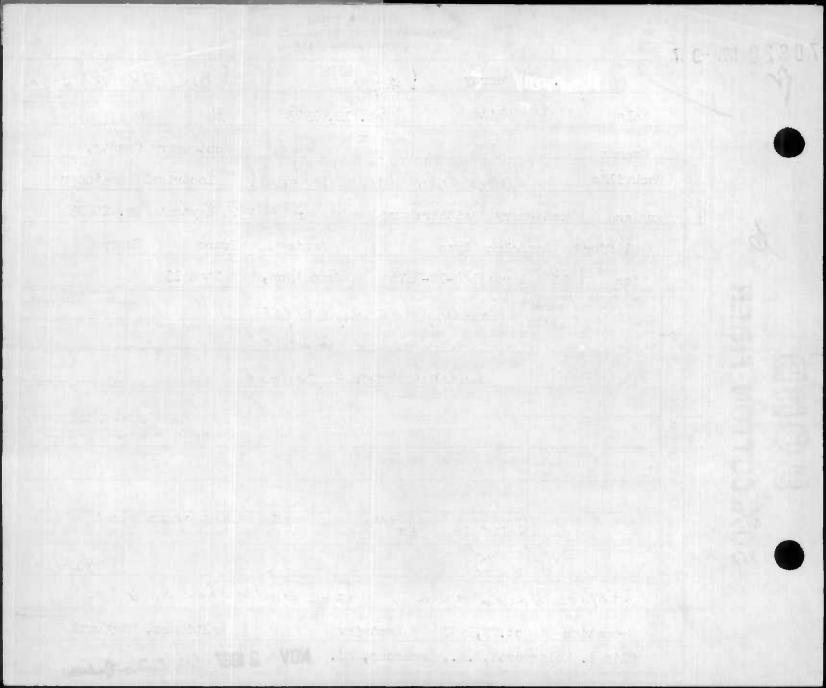
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| 8/ | REGISTRAR | | CERTIF | TEATE OF BEATH | REG N | 0 | | |
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| | CEASED NAME FIRST | MIDDLE | | LYON LYON | 20 DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR |
| LIANE | OR PRINT! | Murray | 1.1 | M | () (do) be | 28 | 1987 | 0230 AM |
| 3 SEX | SEX 4 RACE | | | OF BIRTH | 6 AGE (IN YEARS LAST BIR | IF NOER 3 HR | | |
| | Male White | | Feb. 12, 1923 | | 64 | YRS | N HS DAT | HU,R MIN |
| | RTHPLACE LATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | ? 8 | D NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | |
| | Canada | USA | WIDOWE | DIVORCED . | | mery Co | ounty, | MD |
| | Rockville | I NAME OF HOSPITAL NURSI (IPNOT IN SUCH FACILITY GIVE STREE OUL SIDE | TADDRESS) | OR OTHER INSTITUTION | 120 USUAL OCCUPAT (TYPE) OF WORK FOR MOST C ELect | ON OF WORKING LIFE) CICAL | | eer |
| 13a S | TATE 13b COU | nother institution Give Residence Before NTY ISC CITY OR TOVE Gaither | WN | 13d INSIDE CITY LIMITS? YES NOTE | 130 STREET ADDRESS 7524 Layt | / ZIP CODE | . 208 | 77 |
| 14 FA | Clifford F | MIDDLE LAST Randolph Lyon | | Annie | Irene | | narp | .1 |
| | VAS DECEASED EVER IN U.S. AF | RMED FORCES? 166 SOCIAL SEC | URITY NO. | 17 INFORMANT | ADDR | ESS | | |
| () | Yes WW2 | & Korea 184-12- | 3576 | Jane Lyon | , Item | 13 | | |
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| MEDICAL CERTIF | 2] a ACCIDENT WAS UNDERTYING OR CONTRIBUTING CAUSE OF DE | HOUR A.M. MONTH (| DAY YEAR | 21¢ HOW INJURY OCCURR | YES NO | YES [| | NO [] |
| MED | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE | FARM ETC ; | 211 LOCATION | JIY OR TOWN OUNTY TATE | | | |
| | sow the deceased alive or | n DCT VCZ 19 | 87 0 | nd that in (my) (our) opinion d | | dote and hour o | | |
| | ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN | | | | | | | 29/17 |
| | Steph ca | Vaccarerra | | 22e ADDRESS | trose Rul | Rock | ville | |
| | BURIAL CREMATION, REMOVAI | Oct.29,1987 | | EMETERY OR CREMATORY | 23d LOCATION Balti | more, M | arylar | nd STATE |
| 24 FU | JNERAL DIRECTOR | esworth, P.A. | | ZSa DATE | 2 1987 | | AR S SIGNAT | |

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IMPORTANT. If Item 21 is marked or Item 18 shows ony injury, or other troumotic event, the medical



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTURICATE OF DEATH

| REGISTRAR | | | | CERTITI | CAILOII | ZAIII | RE | G NO | | | | | | | |
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| The Contract | Nett | ie | 0 | / | lace | | | 10 | 24 | 87 | 50 | A | | | |
| 3 SEX | | 4 RACE | | 5 DATE O | | YEAR | 6 AGE (IN YEARS L | | (Fig.14) | ER : YEAR | IF NUER | 1 HR | | | |
| Femal | e | CAUCAS | IAN | MONTH 2 | 8 | 92 | 9 | 5 | RS | UAT | ACORS | 2001 | | | |
| 70 BIRTHPLACE | ATE OF FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | NEVER | AAAPPIED T | 9 BALTIMORE C | TY OR COL | INTY OF D | EATH | | | | | |
| WASHINGTO | N, DC | USA | | WIDOWE | | NORCED [| mor | otco | June | 14 | | , | | | |
| 10 CITY OR TOWN | OF DEATH | | OSPITAL, NURSIN | G HOME O | | TITUTION | The USUAL OCCU | | | KIND DE | F BUSINE | 55 (| | | |
| SILVERS | PRING | (III NOTIN SUC | HACILITY, GIVE STREET | ADDRESS | o the | SP. | НОМЕМА | | -10 UPE) 154 | James and | | | | | |
| USUAL RESIDENCE | 113b COUN | | GIVE RESIDENCE BEFORE | | 13d INSIDE O | TITY HAARTED | 13e STREET ADDR | ECC / 710 / | CODE | | | Т | | | |
| MARYLAND | | GOMERY | KENSING | | YES T | NO [] | 9915 WI | | | 20 | 895 | | | | |
| 14 FATHER'S NAME | | | | | 15 MOTHER | S MAIDEN NA | ME | | 14102 | | | | | | |
| AUGU | | MIDDLE | OFFERMA | AN | CAT | HERINE | MID | OLE. | | LAST | | | | | |
| 16a WAS DECEASE | EVER IN U.S. AR | | 166 SOCIAL SECL | | 17 INFORM | | <i>A</i> | DDRESS | | | | | | | |
| NO OR UNKNE | WN) (IF YES GIV | E WAR OR DATES) | 578-48-0 | 0648 | DOROT | ну м. п | EAN/DAUG | TER/S | AME A | S 13 | | | | | |
| IR CAUSE O | DEATH Enter on | ly one couse per | line lar a) th' an | id ic | | | | 1 2 2 2 1 7 5 | | APPROXIM BETWEEN O | MATE INTER | VAL | | | |
| 18 CAUSE OF DEATH Enter only one couse per line lor (a), (b), and (c) PART I. DEATH WAS CAUSED BY OCCUPANT I. DEATH WAS CAUSED BY | | | | | | | | | | | Lis | JUA | | | |
| IMMEDIATE CAUSE 10) acute in lero posterior my occident interetion | | | | | | | | | | | | _ | | | |
| DUE TO OR AS A CONSCIUENCE OF | | | | | | | | | | 5. | iers | | | | |
| Conditions, if any, which gove rise to immediate | | | | | | | | | _ | | , | _ | | | |
| couse of stoting the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | | | | | |
| | | (c) | | | | | | | | | | | | | |
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| E L | | | | | | | YES NO | 1 | YES [] | | NO [| | | | |
| OR CONTRIBUTE | WAS UNDERLYING THE |] 216 TIME O HOUR A. | M MONTH D | AY YEAR | 716 HOW IF | AJURY OCCUR | RED (ENTER NATURE) | FINJURY IN ITE | M 8 PAR! | RPART 2 | | | | | |
| UIF EITHER NO | IFY MEDICAL EXAMINER | P./ | | 19 | | | | | | | | | | | |
| CIFEITHER NO. | | 21e PLACE (| OF INJURY | FARM ETC : | 211 LOCATI | ON | €17 | ORTOWN | ((| OUNTY | >1 | TATE | | | |
| AT WORK | NOT WHILE AT WORK | | | | | | | | | | | | | | |
| | | | e deceased Irom_ | July | | 19.83 | to Oct | ober : | 24 198- | 7 | that (w | - | | | |
| sow the | deceased alive an | October | 2 7 19 8 | 7 00 | d that in (my | town abinion | death occurred on | the date and | hour and | from the o | couses sta | tec | | | |
| 226 SIGNAT | | A STEW THE BOOK | 0,011 | | DEGREE | | | | 2 | 20 DATE | SIGNED | _ | | | |
| 141 | 16 | at | M | 0 | | ATTENDING PHYSICIAN I | MEDICAL DIRECTOR P | STAFF | 1 | 10/2 | 4/4. | 7 | | | |
| 22d PHYSICI | N'S NAME LIVE O | R PRINT) | | | 22e ADDRE | - | NO TRECTOR L | 113ICIMI4 E | | 10/2 | -/ 10 / | _ | | | |
| Mich | el Line | 0/2 M | . D. | | 103/3 | George | a Are S. | lverSo | ring 1 | Md. | 209 | 0 | | | |
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| 230 BURIAL, CREM | | | | | | CREMATORY | 23d LOCATION | WN | COUR | NIY | 81 | ATE | | | |
| | IAL | OCT27 | ,198/ GA | TE OF | HEAVE | | SILVER | | | | | | | | |
| 24 FUNERAL DIRECT | | | | | | | TE REC'D BY REGIS | KAR 256 RE | GISTRAR'S | SIGNATI | URE | Ã0 | | | |
| 500 UNIVI | RSITY BL | VD W SII | LVER SPRI | NG. M | D 2090 | 1 100 | T 2. 9 1987 | 43 | | | | | | | |

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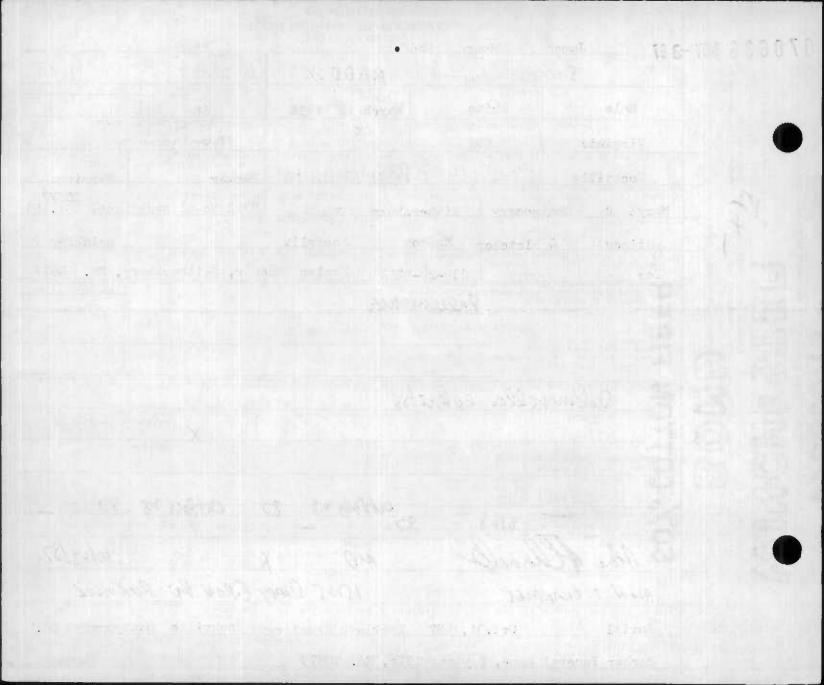
| | | | | <u>ا</u> . | FOR STATE | | | | MENT OF H | OF MARYLAND | | B / 3 | 0 0 3 | i d |
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| 07 | 0 8 | 636 | NOV - | 3.8 | PEGISTRAR | James_ | Edwa | ard Ma | ddex | ICATE OF DEATH | | REG. NO | TH DAY YEAR | Tai and ta |
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| | 4 | softe | | | Male | | Whit | e | Marc | h 12 1926 | R | 61 | YRS MONTHS BAYS | HOURS MIN |
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| 1201 | | 1 | 087 | USU | Rockvil | | OTHER INSTITUTION O | INE RESIDENCE BEFO | RE ADMISSION) | HEL LADIN | 911 | Farmer | Far | ming |
| ALTIMORE, MARYLAND 2120 | 100 | 17 | 35 | 130 S | aryland | 136 COUN | gomery | Gaithe | VN | | | 8312 McCullo | ugh Lane, | 20877 Apt.101 |
| ARYL | 100 | 1 | 1 | 14 FA | THER'S NAME | ٨ | AIDDLE | LAST | | 15 MOTHER'S MAIDE | ENNAM | MIDDLE | | AST |
| E, M | - 9 | 1/4 | 3_ | 160 \ | Sidney VAS DECEASED EVI | | Fletcher | Madd | | Louzell 17 INFORMANT | .a | ADDRESS | Bri | nkley |
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| II W. PRESTON ST., B | | d by the attending the | ol, cremation, ar | | Conditions, if or gave rise to it cause a sto underlying cou | IMMEDIAT ny, which mmediate ting the | DUE TO, OR | AS A CONSEOL | | | | | | |
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| VISION | | 2 2 0 | and Me ked or II | MEDICAL | 21d INJURY OCCU | IRRED | 21e PLACE C | F INJURY ET FACTORY OFFICE | FARM ETC : | 211 LOCATION | | TITY OR TOWN | COUNTY | JATE |
| ā | 0 | on use of | Health | | 220 I certify that sow the dece | (I) (this bespit | al) offended the | deceased from | 87.0 | id that in (my) court of | 87 pinion d | eath occurred on the date o | nd hour and from th | that (I) (week last |
| | | | AT If Irem 2 | | above, (1) Iwe 276 SIGNATURE | All | wall | Her death. | , | | ING X | MEDICAL STAFF DIRECTOR PHYSICIAN | 220 DAJ | ESIGN/D |
| | (| etoined by the TO FUNERAL should be det | RTAI | | ALAN S. | CHAN! | 9CES | | | 15225 SA | HARY | GROVE RO | Rockolco | E |
| | F | ~ = | . = | | SURIAL, CREMATIO | N, REMOVAL | 23b DATE | | | EMETERY OR CREMAT | | 23d LOCATION | COUNTY | STATE |
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DHMH 16 60M 7 84 (VRA 15, 4)

24 FUNERAL DIRECTOR

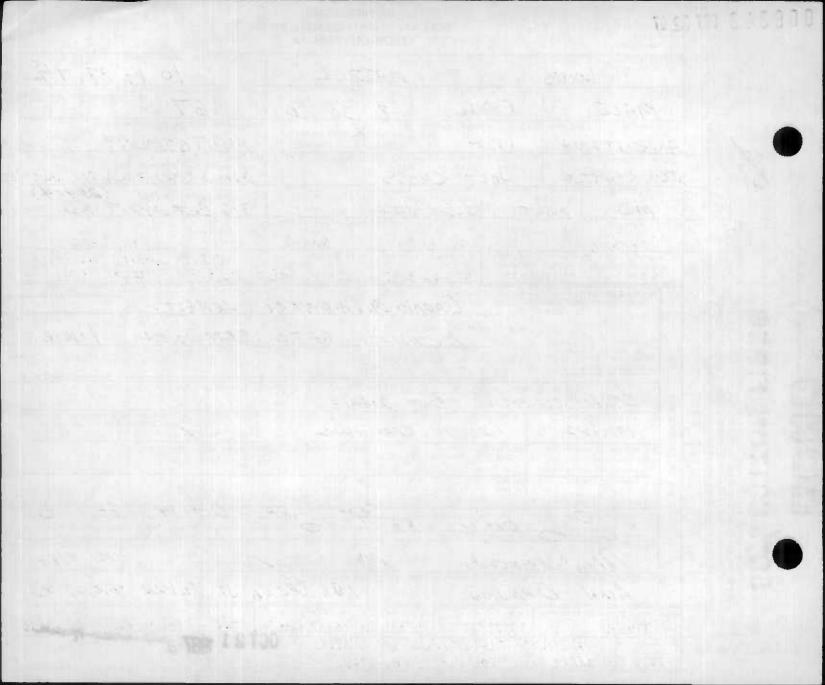
Rockville

Barber Funeral Home, Laytonsville, Md. 20879



STATE OF MARYLAND

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| | P die | 7a BI | RTHPLACE TSTATE OF FOREIGN | 76 CITIZEN OF WHAT COUN | TRY? 8 | NEVER MARRIED | 9 BALTIMORE CITY OR COUN | ITY OF DEATH |
| | too of o | AI | CHENTINA | USA | WIDOWE | | 100 17 1000 | ICRY MD |
| | the to | | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NU | | R OTHER INSTITUTION | TYPE OF WORK FOR MOST OF WORKING | |
| 201 | 11 à 1 à 1 à 1 | 1 | UER SPRING | 14067 C | ROSS | | Business Owner | |
| AND 2120 | 24 hour sould be must b | | AL RESIDENCE HE NURSING HOME OF | | TOWN 2 SARTAGE | 13d INSIDE CITY LIMIT: | 3/6 BY AUM | |
| YLA | thin thin | 14 FA | THER'S NAME | | | 15 MOTHER'S MAIDEN | NAME | |
| AAR | D land | | Cook Co | Mai | 700 | Sarak | MIDDIE | Hofberg |
| E S | s Too | 160 V | GODAGO VAS DECEASED EVER IN U.S. AR | | SECURITY NO | 17 INFORMANT | | ring, Md. 20904 |
| IMOR | Poge exe | - (| | - 1949 578-1 | 8-8471 | Rose V. M | aizel; Wife; 316 Ber | aumont Road; |
| BALT | ote E | | 18 CAUSE OF DEATH Enter of PART I DEATH WAS CAUSE | nly one couse per line for a lit | | | 4.004 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ST., | 1 (2) | | | TE CAUSE (a) | RD10 80 | LIMONA | RY ARREST. | |
| NO | th co | | | DUE TO, OR AS A CONS | | 600 | | 1 / 1 / 2 - 2 |
| PRESTON | dea otte ove stian | | Conditions, if any, which gave rise to immediate | (1b) ME | TASTAT | C GASTA | en CARCINOMA | 4 / Year. |
| PR . | the remo | | couse to stoting the | DUE TO, OR AS A CONS | EQUENCE OF | | | |
| 5 | that d by ease al. c | | underlying cause last | 101 | | | | |
| 5, 2(| urres signe sen pl | z | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | λ, | | TERMINAL DISEASE OR CONDITION (| GIVEN IN PART 1 0 |
| RECORDS | een the Th | 1 6 | 190 DATE OF OPERATION | 196 CONDITION FOR W | , | EASE | 200 AUTOPSY? 206 IF | YES, WERE FINDINGS USED |
| REC | low sermine programme by the programme b | CERTIFICATION | 10/1/07 | GASTRIC | | Nona | INCER | RTIFYING CAUSES OF DEATH? |
| TAL | The history sharp | E | 71a ACCIDENT WAS UNDERLYING | / | C/ | , | CURRED I ENTER NATILIRE OF INJURY IN HEM | YES NO |
| FVIT | phys refical r | | OR CONTRIBUTING CAUSE OF DE | LIGHT A AL ALCOHITE | DAY YEAR | THE HOW INJOKE OC | CORRED TENTER VALUE OF INJURY IN THEM | O PAR' JR PAR' 2' |
| O Z | SIC nog nog cert cert cert cert cert cert cert cert | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | | 19 | 211 LOCATION | | |
| DIVISION OF | this this and word word word word word word word wor | MED | | 21e PLACE OF INJURY | FFICE FARM ETC) | STREET | CITY OR TOWN | COUNTY |
| DIV | NG of the ork | | AT WORK AT WORK | | | | 97 Oct 19 | 92 |
| | OR OF | | 22a.1 certify that 11 this hosp saw the deceased alive or | | | 19_ | inian death accurred an the date and h | 19 that We last |
| | ATT Sspirt ScTC d fo d fo m 21 | 1 | above (did) (did) (did no | view the body after death | | | initial deal accorred on the date and i | |
| | OR DER | | 226 SIGNATURE | 1 | | DEGREE ATTENDIN | NG MEDICAL STAFF | 10/18/51 |
| | RAL den | 1 | alland | prond. | // | | DIRECTOR PHYSICIAN | 10/11/87. |
| | O HOSPIT. TO FUNER should be with the Sir | | 22d PHYSICIAN'S NAME TYPE | 2 | | 1/0 6 CP | CLING ST SILVIER | e specials max |
| | TO HOSP retained TO FUNI Should bi | 22. | BURIAL, CREMATION, REMOVAL | 1 AMOND | 23. NIAME OF C | EMETERY OR CREMATO | | |
| | BP | 230 | Burial | | | | rden Olney; Mont | aamerii: Marukand |
| | DF | 24 F | JNERAL DIRECTORDANZAN | SKY-COLDREDG I | FMODIAL | CHADELC 1250 | DATE RIC & BY REGULAR 255 REG | ISTRAR'S SIGNATURE |
| | DHMH 16 60M 7/84 (VRA 15, 4) | | 1170 Rockville | ADD | (1.7) | | 1901 | |
| | (VKM 13, 4) | | 110 RUCKVALLE | rake; KUCKULLL | e. Ma. | .0032 | | |



STATE OF MARYLAND

| | EALTH AND MENTAL HYG | IENE | U U | 9 5 | |
|----------------|-------------------------------|----------------------|---------------------|--|-----------------------------------|
| | | | NO | | |
| | AST . | 20 DATE OF DEATH | HINOM | DAY YEAR | 25 HOUR |
| 17 | lance | | 10 à | 7587 | 0800 M |
| 5 DATE C | | & AGE (IN YEARS LAS | T BIRTHDAY) | IF LINDER I YEAR | IF UNDER 13 HRY |
| MONTH | 27 i8 | 69 | YRS | MUNTH! DATS | HOURS MIN |
| ? 8 MARRIEI | NEVER MARRIED | 9 BALTIMORE CIT | | Y OF DEATH | |
| WIDOWE | | | | 20 | MD. |
| T ADDRESS) | t Hospital | 120 USUAL OCCUP | ST OF WORKING | IFE) INDUSTRY | ivate |
| RE ADMISSION) | t nospitar | Domest | 10 | 111 | Ivale |
| Park | 134 INSIDE CITY LIMITS? | 7620 Ma | | | 01 |
| | 15 MOTHER'S MAIDEN NAM | ·· Alexand | | LAS | |
| URITY NO | 17 INFORMANT | | DRESS | | |
| ted | Norma | Bess F | riend ⁴⁵ | | le TernN |
| ind c | Renal 70 | rilare | , | BET WEEN C | MATE INTERVAL |
| UENCE OF | | | | | |
| UENCE OF | | | | | |
| 1 6 | got related to the term | Phos full | ONDITION GI | rue V | alue |
| | N WAS PERFORMED | YES NO | INCERT | ES, WERE FINDIN IFYING CAUSES ES | |
| DAY YEAR | 21c HOW INJURY OCCURE | RED (ENTER NATURE OF | INJURY IN ITEM 18 | PART OR PART, | |
| FARM ETC) | 211 LOCATION | ITY C | OR TOWN | OUNTY | TATE |
| 8701 | nd that in (my) (aur) apinian | death accurred an th | e date and ho | , | hat (we) last causes stated |
| | DEGREE ATTENDING PHYSICIAN P | MEDICAL DIRECTOR DH | STAFF YSICIAN [] | 120 DATE | SIGNED 187 |
| | 831 Univ. B | lud. E.# | x. 5.5 | . Ind 20 | 903 |
| NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | 2 | COUNTY | TATE |
| Lincol | n Mem. Cemete | | and Man | | |

DEPARTMENT OF HEALTH AND MENT - STATE SREGISTRAR CERTIFICATE OF DEAT DECEASED NAME LITTE OR PRINTS 3 SEX TO BIRTHPLACE INTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVERMARRI Georgia United States | WIDOWED | XX O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Takoma Park Washington Adventist Hospita USUAL RESIDENCE (HE NURSING HOME OF OTHER INSTITUTION GIVE PESIDENCE BEFORE ADMISSION)
130. STATE
134. COUNTY
136. CITY OR TOWN
Takoma Park 130. STATE 13d INSIDE CITY LIA YEXX 4, FATHER'S NAME 15 MOTHER'S MAIL MIDDLE LAST Lem King 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) Not Stated Norma 18 CAUSE OF DEATH Enter only one cause per ling fait at the and c PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS ONTRIBUTING TO DEATH BUT FOT RELATED TO T 90 DATE OF OPERATION Ph CONDITION FOR WHICH OPERATION WAS PERFORMED 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE AT WORK 220 1 certify that (1) (this haspital) attended the deceased from 10124 saw the deceased alive an 10124 abave 11 (we) (did) (did not view the bady after death. and that in (my) (aur) 226 SIGNATURE DEGREE ATTEN CRITANT

23a BURIAL, CREMATION, REMOVAL Buria1

29 Oct87

Frazier's Funeral Home 389 Rhode Island Avenue

236 DATE

231 NAME OF CEMETERY OR CREM

24 FUNERAL DIRECTOR

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH 16 60M 7/B4 (VRA 15. 4)

superson and completely filled in by the funeral director page 3 manners. Pages 1 and 2 should be filed within 72 hours after death more more)

TO FUNERAL DIRECTOR After this certificate has be

OR ATTENDING PHYSICIAN The low

TO HOSPITAL OR ATTENDING PHYSICIAN The retained by the haspital as attending physician.

BP.

DHMH 16 60M 7 (VRA 15, 4)

death Page 4 may be 60

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| R | F | G. | 1 | ٩C |
|---|---|----|---|----|

| OAR | | STATE REGISTRAR | | VEFAKI | | EALTH AND MENTAL HYG ICATE OF DEATH | REG. N | NO | | |
|-----|-----------------------|--|--|---|---------------------------------|---|--|-----------|--|---|
| UL | i Deg | EASTO NAME FIRST | | MIDDLE | (| AST | 20 DATE OF DEATH | | DAY YEAR | 26 HOUR |
| | TYPE | OR PRINTI | n# | Swift | Mai | rtin | Oct. | 10, | 1987 | 3:00A |
| 1 | 3 SE) | | 4 RACE | | 5 DATE C | | 6 AGE (IN YEARS LAST B | | IF UNDER I YEAR | IF UNDER 24 H |
| | | | | ite | MONTH | . 18, 1904 | 27 | MES | MONTHY DATE | HOURS N |
| | | Male RTHPLACE INTATE OF FOREIGN | | F WHAT COUNTRY? | 9. | | 9 BALTIMORE CITY | OR COUNT | | |
| 1 | (| Missouri | | S.A. | MARRIEI | D NEVER MARRIED DIVORCED | Montgom | | | |
| 7 | | TY OR TOWN OF DEATH | T. NAME OF | F HOSPITAL, NURSI | NG HOME C | OR OTHER INSTITUTION | 120 USUAL OCCUPA | TION | | F BUSINESS |
| | 400 | e the sda | The second secon | UCH FACILITY, GIVE STREET | | thesda | Mining En | | | Indu |
| 1 | 13a S | AL RESIDENCE (IF NURS) | INSTITUTIO | 13c CITY OR TOV | VN | 13d INSIDE CITY LIMITS? YES X NO | 13e STREET ADDRESS 2915 Q S | | | 20007 |
| 8 | 14 FA | ATHER'S NAME | WIDDLE | LAST | | 15 MOTHER S MAIDEN NA | ME | | LAS | Ţ |
| 4 | | | Swift | Martin | | Minnie | Englis | h | Stor | 10 |
| ونن | | VAS DECEASED EVER IN U.S. A | ARMED FORCES | | | 17 INFORMANT | ADDI | RESSHOT | 9 Quebec | |
| 5 | (1 | YES NO OR UNKNOWN) (IF YES (| SIVE WAR OR DATES! | 110-24- | 0622 | Williams S. | Martin, III | Was | hington, | D.C.a |
| | | 18 CAUSE OF DEATH Enter | anly ane cause p | er line far lo lb oi | nd (c | | | | | MATE INTERVAL ONSET AND DEA |
| | | PART I DEATH WAS CAUS | SED BY ATE CAUSE (a)_ | ASDI1 | A 1 - | on PNEU | MORIT | | | ve eks |
| | | cause ia stating the underlying cause last | (c)_ | or as a consequ | | NOT RELATED TO THE TERM | NINAL DISEASE OR COI | ndition G | IVEN IN PART T | a |
| | Z O | PART 2 OTHER SIGNIFICAN | | | | | | | | |
| 5 | TIFICATION | PART 2 OTHER SIGNIFICAN | 196 CON | DITION FOR WHICH | H OPERATIO | N WAS PERFORMED | 200 AUTOPSY | IN CERT | ES, WERE FINDII | |
| 2 | CERTIFICATION | 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | 216 TIME | OF INJURY | | N WAS PERFORMED | YES NO | IN CERT | TIFYING CAUSES YES [| OF DEATH? |
| 2 | AL CERTIFICATION | 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E | 21b TIME HOUR | OF INJURY A.M. MONTH D | DAY YEAR | | YES NO | IN CERT | TIFYING CAUSES YES [| OF DEATH? |
| 2 | MEDICAL CERTIFICATION | 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E LIFETHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED | 216 TIME HOUR | OF INJURY | DAY YEAR | | YES NO | IN CERT | TIFYING CAUSES YES [| OF DEATH? |
| 2 | | 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE THER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBUTI | 21b TIME HOUR HOUR 21e PLAC (AT HOME | OF INJURY A.M. MONTH D P.M. E OF INJURY STREET FACTORY OFFICE | DAY YEAR | 21c HOW INJURY OCCUR | YES NO RED LENTER WAT DE OF INJ | IN CERT | TIFYING CAUSES YES B PART PART | NO [|
| 2 | | 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE THE NOTIFY MEDICAL EXAMINATION OF LIFE THE NOTIFY MEDICAL EXAMINATION OF LIFE CONTRIBUTION OF LI | 21b TIME HOUR NER! 21e PLAC (AT HOME | OF INJURY A.M. MONTH D P.M. E OF INJURY STREET FACTORY OFFICE the deceased from. | PAY YEAR 19 FARM EIC) | 216 HOW INJURY OCCURI | YES NO NO RED (ENTER NATURE OF IN) | OWN | TIFYING CAUSES YES B PART OR PART OUNTY 19 19 19 19 10 11 11 11 11 11 | of DEATH? NO that (4) (we) couses stated |
| 2 | | 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF L (IF EITHER NOTIFY MEDICAL EXAMIN 214 INJURY OCCURRED WHITE NOT WHITE AT WORK NOT WHITE 270 Certify that (1) (this has saw the deceased alive a | 21b TIME HOUR NER! 21e PLAC (AT HOME | OF INJURY A.M. MONTH D P.M. E OF INJURY STREET FACTORY OFFICE the deceased from. | PAY YEAR 19 FARM EIC) | 216 HOW INJURY OCCURION STREET 216 LOCATION STREET 19 0 1 19 0 1 19 1 19 1 19 1 19 1 19 1 | YES NO NO RED (ENTER NATURE OF IN) | IN CERT | TIFYING CAUSES YES B PART PRPART OUNTY 19 272 DATE | of DEATH? NO |
| 2 | | 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE THE NOTIFY MEDICAL EXAMINATION OF LIFE THE NOTIFY MEDICAL EXAMINATION OF LIFE CONTRIBUTION OF LI | 21b TIME HOUR 21e PLAC (AT HOME spital attended an SC PTC TO PRINT) | OF INJURY A.M. MONTH D P.M. E OF INJURY STREET FACTORY OFFICE the deceased from IN 125 19 a dy office death | PAY YEAR 19 FARM EIC) | 216 LOCATION SIREET 216 LOCATION SIREET 217 LOCATION SIREET 218 ATTENDING PHYSICIAN X 228 ADDRESS | YES NO NO NERED (ENTER NATURE OF IN) 2014 OR 1 10 OCTOB death accurred an the | IN CERT | UUNIY 19 19 27 OUNIY | that (b (we) couses stated SIGNED |
| 2 | WEDICAL MEDICAL | 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE HITER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHITE NOTIFY MEDICAL EXAMINE ALL WORK ALL WO | 21b TIME HOUR 21e PLAC (AT HOME Spital attended an SC PTC mpl view the bac E OR PRINT) Choiss AL 23b DATE | OF INJURY A.M. MONTH D P.M. E OF INJURY STREET FACTORY OFFICE the deceased from two 125 19 cdy office death | PARM EIC) PARM EIC) MARE OF C | 216 LOCATION SIREET 216 LOCATION SIREET 217 LOCATION SIREET 218 ATTENDING PHYSICIAN X 228 ADDRESS | TES NO NO NET NO NO NET | OWN AFF | TIFYING CAUSES YES B PART PRPART OUNTY 19 270 DATE OCT. 77 Chase | that (b (we) couses stated SIGNED |

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Joseph + 1 mis cra, nc. 110 isonosin ve, W. Esiin to . J.C. 8016

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

| 3 SE | PE OR PRINT | 1 MIDDLE | LAST | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR | | | | | | |
|---------------|--|---|---|---|--|--|--|--|--|--|--|
| 3 SE | Kaymo | Nathan. | Matson | Catober | 14,1987 705 AM | | | | | | |
| | | RACE | S DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | MUN HS DATS HOURS MIN. | | | | | | |
| 7 7 2 | Male | White | Cotober 21, 1909 | 77 _{YR} | | | | | | | |
| | BIRTHPLACE (STATE OR FOREIGN COUNTRY) LETTO RICO. | U. S. A. | MARRIED X NEVER MARRIED | BALTIMORE CITY OR COU | | | | | | | |
| | | | WIDOWED DIVORCED NO HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 126 KIND OF BUSINESS OR | | | | | | |
|) 3 | Silver Spring | 9503 Bruce | Dr. Silver Spr | (TYPE OF WORK FOR MOST OF WORKIN | INDUSTRY | | | | | | |
| 13a | JAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Mont | TY 13c. CITY OR TOW | /N _ 1136 INSIDE CITY LIMITS? | 9503 Bruce I | or. Silver Sprg. | | | | | | |
| / 14 F/ | FATHER'S NAME | AIDDIF LAST | 15 MOTHER'S MAIDEN NA | MIDDLE | TAST | | | | | | |
| | Raymond Matso | on. | | rge. | | | | | | | |
| | (YES NO OR UNKNOWN) (IF YES GIVE | WAR OR DATES) | F028 A | ADDRESS | 113.0 - | | | | | | |
| - | No. | 219-01 | -5037 - A. Cornel | ia K. Matson. | Wife. 13 E | | | | | | |
| | PART I. DEATH WAS CAUSED | y ane cause per line far (a) (b), an BY E CAUSE (a) | diac failur | -e | BETWEEN ONSET AND DEATH Several years | | | | | | |
| | | DUE TO, OR AS A CONSEOU | | 1. 1. | C | | | | | | |
| | Canditions, if any, which gave rise to immediate (b) CHronic Cardiovascular disease | | | | | | | | | | |
| | cause a storing the underlying cause last. | DUE TO, OR AS A CONSEOU | ence of with conges | tive failure ofil | prillation | | | | | | |
| - | PART 2 OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | | GIVEN IN PART 1 a | | | | | | |
| TION | Em | physema, a | dvanced | | | | | | | | |
| CERTIFICATION | 190 DATE OF OPERATION | | OPERATION WAS PERFORMED | YES NO | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{ NO } \text{ \text{ NO } \text{ \text{ \text{ \text{ \text{ NO } \text{ \text{ \text{ \text{ NO } \text{ \ | | | | | | |
| 100 | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL | 216 TIME OF INJURY HOUR A.M. MONTH D | AY YEAR 216 HOW INJURY OCCUR | RED (ENTER NATURE OF MURY IN ITEM | 8 PART OR PART 2) | | | | | | |
| A | (IF EITHER NOTIFY MEDICAL EXAMINER) | P.M. | 19 | | | | | | | | |
| | 21d INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE I | PARM ETC. STREET | ITY OR TOWN | OUNTY STATE | | | | | | |
| MEDICAL | | | | | | | | | | | |
| MEDIC | 220 certify that (1) (this haspit | | 1955 19 | _ to Cotober 14 | 19.8.7 that (1 (we) last | | | | | | |
| MEDIC | 22a I certify that (I) (this haspit | October 14. 198 | 1955 19 , and that in (my) (aur) apinion | ta Colober 14 death occurred an the date and | , | | | | | | |
| MEDIC | 220 certify that (1) (this haspit | October 14. 198 | DEGREE | death occurred an the date and | , | | | | | | |
| MEDIC | 27a I certify that (I) (this haspit saw the deceased alive an above, II) (we) (did) (did not 27b SIGNATURE | October 14. 198 | DEGREE ATTENDING PHYSICIAN | | haur and from the causes stated | | | | | | |
| MEDIC | 270 I certify that (I) (this haspit sow the deceased alive an abave, (I) (we) (did) (did not | Cotober 14, 19.8 view the body after death | DEGREE | death occurred an the date and | haur and from the causes stated | | | | | | |
| | 27a I certify that (I) (this haspit saw the deceased alive an above, II) (we) (did) (did not 27b SIGNATURE | view the body after death Worter PRINTI POrter Tr 236 DATE 236 | DEGREE ATTENDING PHYSICIAN 220 ADDRESS M.D. G 301 Colex NAME OF CEMETERY OR CREMATORY | MEDICAL STAFF DIRECTOR PHYSICIAN 1236 LOCATION P. G. | Paring 1 Md. 2090 | | | | | | |
| 7 | 27a I certify that (I) (this haspit sow the deceased alive an above, (I) (we) (did) (did not 27b SIGNATU): 22d PAYSICIAN'S NAME (TYPE OF COMMENT) | Cotober 14 19 & I view the body after death Worter Jr | DEGREE ATTENDING PHYSICIAN 220 ADDRESS M.D. G 301 Colex NAME OF CEMETERY OR CREMATORY | MEDICAL STAFF DIRECTOR PHYSICIAN D 1234 LOCATION P. G. | Paring IM 2090 Rd. Adelphi's Md | | | | | | |

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after death. Page 4 may be

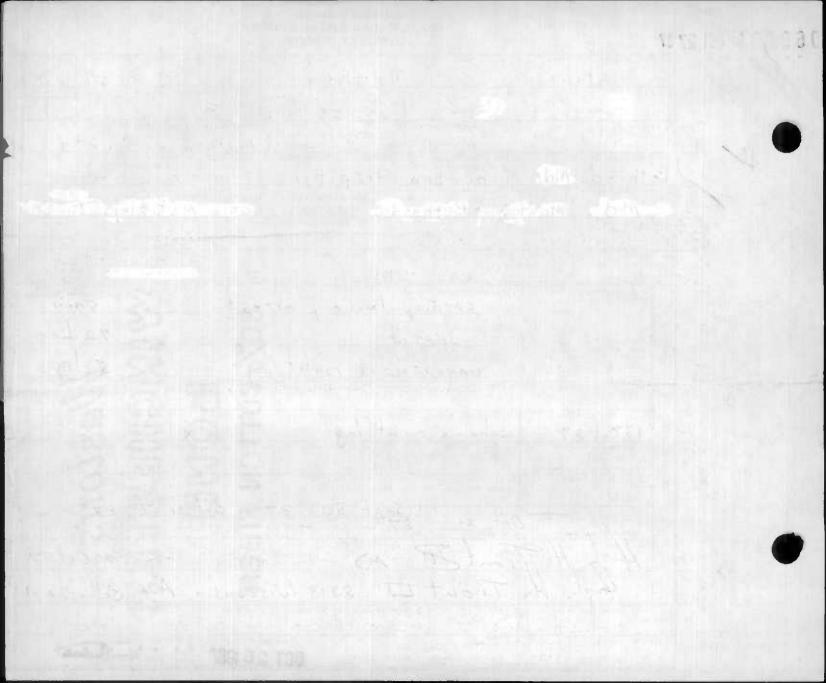
FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | NEO ISTRAK | | | | REG NO | |
|---------|--|---|-----------------------|----------------|--|--|
| T | DECEASED NAME FIRST NT | atalie MIDDIE | Matt | hov | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| | (TYPE OR PRINT) | atalle | Mall | ney | | 21 GM 1.340 |
| | //qTalle | | Matthe | V | 10 0 | 21 81116719 |
| 3 | SEX | 4 RACE | 5 DATE OF BIRTH | | 6 AGE (IN YEARS LAST BIRTHDAY) | IF LINDER YEAR IF UNDER , 4 HR |
| - 1 | | | MONTH DAY | YEAR | | MONTHS DAT HOURS MIN |
| | Female | White | 5 28 | 1900 | 87 YRS | |
| 0 17 | BIRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8 | | 9 BALTIMORE CITY OR COUNT | Y OF DEATH |
| 2 | COUNTRY) | THE CHIZER OF WHAT COOLING | MARRIED NEVER | MARRIED - | - DALLIMORE CIT <u>DR</u> COOK | 1 |
| 2 | Russia | United States | WIDOWED X D | NORCED [] | Mentgemeny | COUNTY |
| 8 / 10 | O CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | | | 120 USUAL OCCUPATION | 12h KIND OF BUSINESS C |
| 0// | 0 11 | (IF NOT IN SUCH FACILITY, GIVE STREET | | 111011011 | ITYPE OF WORK FOR MOST OF WORKING I | |
| \$ U | Detherda | Suhiliphan | HOSAIT | -01 | Housewife | Own home |
| 0 | INTIAL PERIDENCE US AUDRENC HOUSE | ROTHER INSTITUTION GIVE RESIDENCE BEFORE | 10000 | 701 | 1100000,220 | 7 0 111 1101110 |
| | 30 STATE 136 COU | | | ITY HAAITS? | 13e STREET ADDRESS | |
| 5-7 | 17 | | #10 | NO [] | 426 7th Avenue, | NE / 33483 |
| - | | Beach Delray Bea | 2011 | | | NE / 33463 |
| 3 | FATHER'S NAME | MIDDLE LAST | 15 MOTHER | SMAIDENNA | | |
| 6/7/ | | | | FIRST | MIDDLE | LAST |
| 0/4/ | (Unavailable) | Zelensky | | | Unavailable | |
| 9 / 18 | 60 WAS DECEASED EVER IN U.S. AF | | RITY NO. 17 INFORMA | IMA | ADDRESS | inley Street |
| 8 | | VE WAR OR DATES] | 11100 12177 | | OOLO MCK | miley believe |
| E | No | 1045-30-1 | 6 440 MITTIE | ım S. Ma | atthey, Bethesda | the second secon |
| E of | 18 CAUSE OF DEATH (Enter o | nly one couse per line for (a) (b) and | Hier . | | | BETWEEN ONSET AND DEAT |
| t c | PART I. DEATH WAS CAUSE | nly one couse per line for (a), (b), and ED BY | | | -+ | |
| 2 | | TE CAUSE (0) CATOIO | DULMONATO | AFF | 251 | 5 Min |
| ž | | - | | | | , |
| 0 | | DUE TO, OR AS A CONSEQUE | | | | 77/ |
| 20 | Conditions, if ony, which | (b) SEPS | 15 | | | 12 45 |
| = | gove rise to immediate | | | 111 | | (|
| è e | couse (o), storing the | DUE TO, OR AS A CONSEQUE | | 141 | | - 1000 |
| ō | underlying cause last | GANGRE | NOUS FIG | 11/1 | =9 | 12 any 2 |
| ō | DADE O OTHER CIGAREST | | | | | 7 |
| × . | | CONDITIONS CONTRIBUTING TO D | DEATH BUT NOT KELATEL | O THE TERM | INAL DISEASE OR CONDITION GI | VEN IN PART TIO |
| g (| ō | | | | | |
| 2 | 13 Oct 87 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH | OPERATION WAS PEREC | DRMED | 20a AUTOPSY? 20b IF YE | S, WERE FINDINGS USED |
| 0 | 9 | , | 11.1 | | | IFYING CAUSES OF DEATH? |
| 3 | = 13 Oct 97 | ISCHEMIA FIG | cht lea | | YES NOW Y | ES NO |
| ž - | 210. ACCIDENT WAS UNDERLYING | | 21c NOW IN | LIURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 | PART OR PART 2) |
| -/ . | OR CONTRIBUTION C CAUSE OF OF | - 1 | | | (Eliter An one of myork in them to | |
| 8 / | (IF EITHER NOTIFY MEDICAL EXAMINE | | 19 | | | |
| =/ | (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED | 21e PLACE OF INJURY | 211 LOCATI | ON | | |
| 0/ | ZI INJORT OCCORNED | (AT HOME STREET FACTORY OFFICE F | | | CITY OR TOWN | COUNTY STATE |
| e e | WHILE NOT WHILE AT WORK | | | | / | |
| ō | | | (00 + 31) | 0 -7 | 0-1-21 | 0 9 |
| 5 | 22a L certify that (I) (there has | | Sept SU | 19 0 / | 10 OET 21 | 19 of that (I (well |
| , | sow the deceased alive or | Det 21 198 | 7_, and that in (my | noinigo : Pres | death occurred on the date and ho | ur and from the causes stated |
| 2 | | ot) view the body after death. | | | | |
| 0 | 776 SYGGRATURE 1/ | 20 / 5 | DEGREE | | | 221 DATE SIGNED |
| ± | Charl H | 1- + 41 | 110 | ATTENDING _ | MEDICAL STAFF | 220ct 87 |
| | (1) / /// | Vian Civi | | | DIRECTOR PHYSICIAN | 1200101 |
| Z | THE PHYSIPPARTS NAME THEY | (application) | 22e ADDRE | SS | | 1/1 |
| MAPORTA | Aral k | 1 T + 1 | TT as. | 0/1. | · A | DI |
| 2/ | 10000 | 1 rout Z | 1821 | o wis | CONSIN AVE | (SelhesdA) |
| 3 | 2. BUDIAL CREMATION DENOM | 1225 DATE 122 A | NAME OF CEMETERY OR | | 23d LOCATION | |
| 2. | 30 BURIAL, CREMATION, REMOVAL | 236 DATE 236 N | NAME OF CEMETERY OR | CREMATORY | CITY OF TOWN | COUNTY |
| | Cremation | 10-22-87 Met | tropolitan (| Cremato | | Virginia |
| 2 | | | | | E REC'D BY REGISTRAR 256 REGIS | |
| 81 | NAME Rich | ard Rapp, Ingomess | | DO DAI | L NEC D BT REGISTRARIZE REGIS | TRAK 3-3 IGNATURE |
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| | 1. U. DUA 4333 | Z, washing coll, 1 | 20010 | - 401 | 3 0 1001 | |

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN The low retained by the haspital or attending physician



NDING PHYSICIAN The In-

ВР DHMH - 16 60M 7 (VRA 15, 4)

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | - STATE REGISTRAR | | 251 71111 | CERTIF | ICATE OF DEATH | REG N | 10 | | - V |
|---------------|--|--------------------|-------------------------|------------|----------------------------|---------------------------------|-------------|-------------------|------------------|
| | BASED NAME FIRST | AM | MIDDLE | MA | ペ/ハ | 20 DATE OF DEATH Octobe | r 9, | 1987 | 11:00A |
| 3 SE | X | 4 RACE | | 5. DATE C | OF BIRTH | 6 AGE (IN YEARS LAST BI | RTHDAY) | IF INDER YEAR | IF NEER AHRS |
| 1 | Male | Caucas | ion | Au | gust 22, 1912 | 75 | YRS | J'ATT | M. W. MIN. |
| | BIRTHPLACE ATE OF PREIGN | | WHAT COUNTRY? | 8 | NEVER MARRIED | 9 BALTIMORE CITY | OR COUN | TY OF DEATH | |
| Dh | iladelphia. Pa | u.s. | Δ | WIDOWE | DI DIVORCED | Montgomer | и Со | untu | MD |
| | ITY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | ION | 126 KIND C | F BUSINESS OR |
| Do | ckville. Md. | | nac Valley | | ina Hamo | Retailer-S | Shaes | Chile | irens Sho |
| | JAL RESIDENCE HE NURSING HOME | | | ADMITSION! | | | | / | olens on |
| 1 1 | | UNTY | East Wil | | 13d INSIDE CITY LIMITS? | 130 STREET ADDRESS 99 Bengey | Fiel | d Rd 11 | 5.96 |
| | ATHER'S NAME | | I Lasi wil | usio | 15 MOTHER'S MAIDEN NA | | 1 LEL | a Ra. 11 | 3.70 |
| 8 | FIRST | WIDDLE | Maxin | | FRST | MIDDLE | | Lungson | rtainabl |
| 14. | Joseph WAS DECEASED EVER IN U.S. | ADMED EODCESS | 166 SOCIAL SECU | DITYNO | Sarah | ADDR | E66 A | | uarnusi |
| 100 | | GIVE WAR OR DATES! | | | | 99 Beagey | field | l Road | , |
| - 1 | NO. | | 186-07-3 | /14 | Adele Maxin | tast Willi | ston, | New Yor | |
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| | gave rise to immediate | D)_ | | | | | | | |
| | cause o stating the underlying cause lost | DUE TO, C | DR AS A CONSEQUE | NCE OF | | | | | |
| | PART CHARTER ICAN | c1_ | | | NOT DELIVED TO THE TEN | | | | |
| z | PART | 2 'c | SULKIBUTING TO E | SEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | IDITION C | SIVEN IN PART I | () |
| CERTIFICATION | 190 DATE OF SHEATION | 110h CONIE | SEL SUL | OBERATIO | N WAS PERFORMED | 20g AUTOPSY? | 20h IE V | res, were finding | ACE LISED |
| 1 2 | 170 Date Charles Hillory | 176 CONE | JIIIOIA FOR WHICH | OFERATIO | N WAS PERFORMED | -1/ | | TIFYING CAUSES | OF DEATH? |
| E . | | | | | | YES NO X | J | YES | NO [] |
| | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | LUCUD A | OF INJURY M MONTH DA | YEAR | 21¢ HOW INJURY OCCURE | RED ENTERNA RESEA | JR - IN TEM | 8 PAR ORPAR | |
| CAL | (IF EITHER NOTIFY MEDICAL EXAMI | DEATH | P.M. | 19 | | | | | |
| MEDICAL | 21d INJURY OCCURRED | | OF INJURY | ADSA 57/ \ | 211 LOCATION | CITYLORIC | OWN | OUNTY | TATE |
| Z | AT A UFK AT A OR | (AI HOME S | TREET FACTORY OFFICE F | ARM EIC) | | 10/0 | | | |
| | 22a I certify that I this ha | spital attended 1 | he deceased from 1 | 11/10 | 29 198/ | 10 | | 190 | that Il (we) ast |
| | sow the deceased alue | on 10/9 | 87 19 | 2 | nd that in my our) opinion | death occurred on the d | late and h | out and from the | causes stated |
| | 276 SIGNATURE | not view the bod | y affer death | | DEGREE | | | | |
| | Muse | · N | 70. | 1 | ATTENDING | MEDICAL STA | FF | 22c DATE | 7/20 |
| | 1009,000 | 2 11 | Delle. | ne | PHYSICIAN & | DIRECTOR PHYSI | | // | 18/ |
| | 22d PHYSICIAN NAME IN | E OR PRINT | - /- | | 22e ADDRESS | | | | |
| | Myron L. Le | nkin M. | D. | | 2309 Shorefi | ield Rd. Wh. | eator | 1. Md. 20 | 0902 |
| 73a | BURIAL, CREMATION, REMOV | | | IAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | - | |
| | PECIFY | | | | | CITY OR TOWN | | COUNTY | STATE |
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| | INARLO MILTOSTEIN | | | | | 7 | | | OKE |
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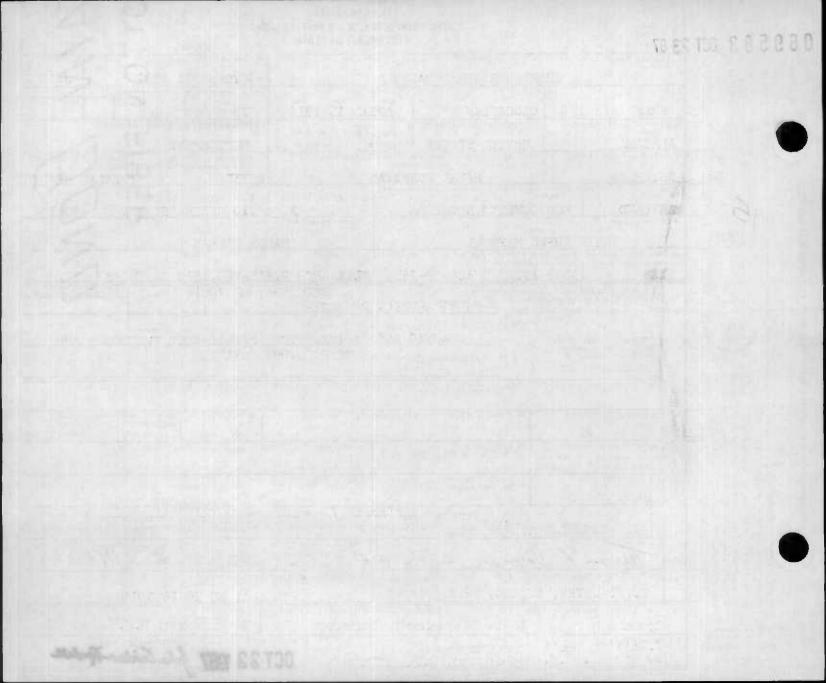
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| | 2 8 | REGISTRAR | | | | CERTIF | ICATE OF DEATH | | REG. N | 0 | | + |
|---|---------------|--|------------|------------------|------------------|------------------|---------------------------|---------|-------------------------------------|--------------|------------------|-----------------------------------|
| 9 | 1 DEC | | IRST | ٨ | AIDDLE | | LAST | 12 | 20 DATE OF DEATH | | DAY YEAR | 2b HOUR |
| | TIME | OR PRINTI | CHA | RLES RI | CHARD | MAXWELL | | | OCTOBER 1 | 1 198 | 7 | 8:10 P |
| | 3 SEX | K | | RACE | | 5 DATE (| OF BIRTH | | AGE (IN YEARS LAST BIR | | IF LINDER I YEAR | IF UNDER 75 MR1 |
| | M | ALE | | CAUCASI | AN | AP | RIL 15 1915 | | 72 | YRS | M JNIH DAYS | HOURS MIN |
| , | | RTHPLACE HATE OR FORE | IGN I | b CITIZEN OF | WHAT COUN | TDV2 8 | D XNEVER MARRIED | . 0 | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | |
| U | | LABAMA | | UNITED | STATE | | _ | | MONTGOME | RY | | MD. |
| | | TY OR TOWN OF DEATH | | II. NAME OF H | OSPITAL, NU | JRSING HOME | OR OTHER INSTITUTION | 1 1 | 20 USUAL OCCUPAT | ION | | OF BUSINESS OR |
| 1 | | ETHESDA | | | NAVAL | HOSPITA | L | | (TYPE OF WORK FOR MOST O | SE WORKING L | | C HEALTH |
| 1 | | AL RESIDENCE (IF NURSING | COUN | | 130 CITY OR | | 113d INSIDECITY LIMIT | TS? 1 | 3e STREET ADDRESS | ZIP COD | DE . | |
| - | MAR | RYLAND | MONT | GOMERY | BETHE | ESDA | YES NO | | 4510 GRETN | | | 20814 |
| | 14 FA | THER'S NAME | N | MDDLE | LASI | , | 15 MOTHER'S MAIDEN | NNAME | WIDDLE | | LA* | |
| 2 | | EDWIN | | S MAXWE | | | | MAUI | DE HOLMAN | | 1.0 | |
| | | VAS DECEASED EVER IN I | | MED FORCES? | 166 SOCIAL | SECURITY NO. | 17 INFORMANT | | ADDRE | ESS | | |
| Я | | | | 1972 | 424-0 | 9-2654 | ELIZABETH | S.M | AXWELL, 451 | O GRE | TNA STR | EET. |
| | | 18 CAUSE OF DEATH | Enter only | y one couse per | line for (a), (b | ot, and (c+) | | | , MD 20814 | | | IMATE INTERVAL ONSET AND DEATH |
| | - | PART I. DEATH WAS | | CAUSE (0) | MULTI | INFARCT | DEMENTIA | | , | | | |
| | | DUE TO OR AS A CONSEQUENCE OF | | | | | | | | | | |
| | | Conditions, if any, which (CHRONIC ASPIRATION, RIGHT MIDDLE LOBE PNEUMONI | | | | | | | | | | AND |
| | | gave rise to immed | rate | DUE TO OF | | EQUENCE OF | RESPIRAT | | | **** | | AIND |
| | 1 4 | | lost | () | AS A CONS | EQUENCE OF | | | THEBORE | | | |
| | | PART 2 OTHER SIGNIFIC | CANTC | ONDITIONS CO | NTRIBUTING | TO DEATH BUT | NOT RELATED TO THE | TERMIN | IAL DISEASE OR CON | DITION GI | VEN IN PART 1 | 0 |
| | N O | | | | | | | | | | | |
| | CERTIFICATION | 190 DATE OF OPERATION | Ν | 196 CONDI | TION FOR W | HICH OPERATIO | N WAS PERFORMED | | 20a AUTOPSY? | | S, WERE FINDI | |
| | TIFIC | | | | | | | | YES TO NO | | FYING CAUSES | OF DEATH? |
| | CERI | 210 ACCIDENT WAS UNDERLY | YING | 216 TIME O | | | 21c HOW INJURY OC | CCURRE | | | -33 | |
| | | OR CONTRIBUTING CAUS | | H HOUR A | | DAY YEAR | | | | | | |
| | MEDICAL | 21d INJURY OCCURRED | | 21e PLACE C | OF INJURY | 19 | 211 LOCATION | | | | | |
| 3 | W. | WHILE NOT WHITE | | (AT HOME STR | LET FACTORY OF | FICE, FARM ETC) | STREET | | (ITY OR TO | WN | COUNTY | STATE |
| 7 | | 22n L certify that (1) (the | s hasnite | al) attended the | deceased fr | SEPTE | MBER 7 10 | 87 | to OCTOBE | RII | 10.87 | that (I) (we) last |
| Q | | saw the deceased a above, (1) (we) (did) | alive on_ | OCTORE | K II | | nd that in (my) (our) opi | | | | | |
| Đ | | 226 SIGNATURE | - COLOT | O New The Body | aller deoin | | DEGREE | | | | 22c DATE | SIGNED |
| | | Jerun) | X | Devye | 2 4 | In A | 1 ATTENDIN | | MEDICAL STAI | | 140 | Oct 57 |
| | | 22d PHYSICIAN'S NAME | (TYPE OR | PRINT) | | | 22e ADDRESS NA | AVAL | HOSPITAL | | | |
| | | T. X. DWY | ER, | LT, MC, | USNR | | BE | ETHES | SDA, MD 20 | 814-5 | 011 | |
| | | URIAL, CREMATION, REA | MOVAL | 236 DATE | | 23c NAME OF C | EMETERY OR CREMATO | | 23d LOCATION | | | |
| | - 1 | Cremation | | 10-14 | -87 | Lee's (| Crematory | | Washingt | con, I | D.C. | STATE |
| | 24 FU | J. William LA | 2010 | Song C | Omponi | | 250 | DATER | REC'D. BY REGISTRAR | 256 REGIS | TRAR'S SIGNAT | |
| | 3 | 00 4th St. 1 | N.E. | Washin | aton, | D.C. 200 | 002 | OCT | 22 1087 | Felia D | widson-A | andelle |



in the interest of the other physician and completely filled in by the funeral director page 3. White the principle of the physician page 3. White the principle of the principl

STATE

| OF MARYLAND | - 4 | | 1 | 1 |
|-------------------------|-----|-----|------|---|
| ALTH AND MENTAL HYGIENE | | 200 | 4.00 | |
| CATE OF DEATH | | | | |

| | 1- | STATE REGISTRAR | | | DEPAR | CERTIF | ICATE OF | | | REG NO | | | 1 |
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| 23 | ITYPE | OR PRINT) | FIRST JO | in s | S- 50 | e Ma | Mayk YKU | uth Si | 10 | 23 - | NONTH DAY | YEAR | 26 HOUR |
| | 3 SEX | Male PATE ORF | OREIGN | 4 RACE | VI (E | Y2 8 | 18, 1 | 912 | AGE IN YE | 5 | YRS IF | | HOURS MIN |
| 1 | | ennsylvani | | U.S. | | MARRIE | D NEVER | MARRIED 🗍 | | | ery Co | | MD |
| 7 | | ty or town of deal | | II. NAME OF H | HOSPITAL, NURS | EET ADDRESS) | | TITUTION | 120 USUAL C | OCCUPATION FOR MOST OF | N | | F BUSINESS OR |
| 5 | 13a S | AL RESIDENCE (IF NURS TATE | 13b COUN | | GIVE RESIDENCE BEF 13c CITY OR TO Gaithe: | DWN | 13d INSIDE C | NO 🎽 | | Uppe: | ZIP CODE | Ane | 20879 |
| |) | Steven | | MIDDLE | Mayku | | A | S MAIDEN NAM | AE | WIDDLE | Teph | ican LAST | |
| | () | VAS DECEASED EVER ES NO OR UNKNOWN! | | MED FORCES? E WAR OR DATES) | 211-05 | | John S | . Mayku | th, Jr | ADDRES (SOR | | | MATE INTERVAL MASET AND DEATH |
| | NOI | Conditions, if ony, gove rise to imm cause (a), statin underlying cause | which nediote ig the lost | DUE TO, OF | R AS A CONSECUTIVE TO THE PROPERTY OF THE PROP | DUENCE OF | ies | TO THE TERMI | NAL DISEASE | ORCOND | ITION GIVEN | 7 ~ | مد |
| 7 | CERTIFICATION | 190 DATE OF OPERA | TIÓN | 196 CONDI | TION FOR WHI | CH OPERATIO | n was perf | DRMED | 200 AUTO | NO . | 206 IF YES, W IN CERTIFYIN YES [| | |
| 1 | MEDICAL CER | 21g ACCIDENT WAS UNE OR CONTRIBUTING CO (IF EITHER NOTIFY MEDII 21d INJURY OCCURR WHILE NOT WHAT WORK AT WORK | CAUSE OF DEA | 21e PLACE ((AT HOME STR | M. MONTH M. OF INJURY JEET FACTORY OFFICE | 19 CE FARM ETC I | 211 LOCATI | | ED LENTER NAT | CITY OR TOW | <u> </u> | OUNTY | JAJE |
| 1 | | 22a I certify that (I) saw the decease abave, (I) (we) (c) 22b SIGNATURE 22d PHYSICIAN'S NA | ed alive and did (did no | 1 view the body | 2-3 19 | 52 () | DEGREE | (our) apinion d | MEDICAL DIRECTOR | STAF | f _ | -4 1 | |
| | 1 | BURIAL, CREMATION, | NE | 736 DATE | 1 | 31 NAME OF C | | | 23d LOCA | ORTOWN | erspri | NOUNIT | 25962 |
| | - | Burial UNERAL DIRECTOR | | 26 Oct | 0[| Mt. Ca. | rasia (| emetery 25a DATE | | | ton Cou | | |

DHMH 16 60M 7 B4 (VRA 15, 4)

TO FUNERAL DIFFCTOR

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MPORTANT IF INshould be detached to with the State Dept at

Capitol Funeral Service, Falls Church, VA

OCT 2 8 1987

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| | yairy Loubles | | | |

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYDIENE

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 26 HOUR MIDDLE 20 DATE OF DEATH (TYPE OR PRINT) ichae 4 RACE 5 DATE OF BIRTH 6 AGE IIN YEARS LAST BIRTHDAY 3 SEX MONTH White Male Sept. 1960 To BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Delaware NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR O CITY, OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Financial analyst USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, 130 STATE 131 COUNTY MONTEOMERY GIVE RESIDENCE BEFORE ADMISSIONS 13. STREET ADDRESS / ZIP CODE 11419 Viers Montgomery Wheaton 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE FIRST McCartan Walsh Marv ADDRESS Newark. Del. 17 INFORMANT 21-60-8939 C.Bernard McCartan 152 Brookside No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for Id., Ib. one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, QRAS A CONSEQUENCE OF >EPS/S Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES NO YES [NO T 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TORPART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFEITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR LOWN AT HOME STREET FACTORY OFFICE FARM ETC) TREET AT WORK 220 | certify that (II (this hospital) attended the deceased from OCTOBE this deceased alive on OFFICER and that in (my) (accomplished death occurred on the date and hour and from the couses stated 776 SIGNATURE DEGREE / MEDICAL ATTENDING NAME OF CEMETERY OR CREMATORY 10/20/87 All Saints Com. Newark, New Castle, Del. Burial

DHMH 16 60M 7/B4

MPORTANT ld b

(VRA 15, 4)

Newark.Del.

250 DATE REC D BY REGISTRAR 256 REGISTRAR & SIGNATURE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

069306 OCT

death Page 4 may be

certificate be executed within 24 hours ofter

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN The low retained by the hospital or attending physician

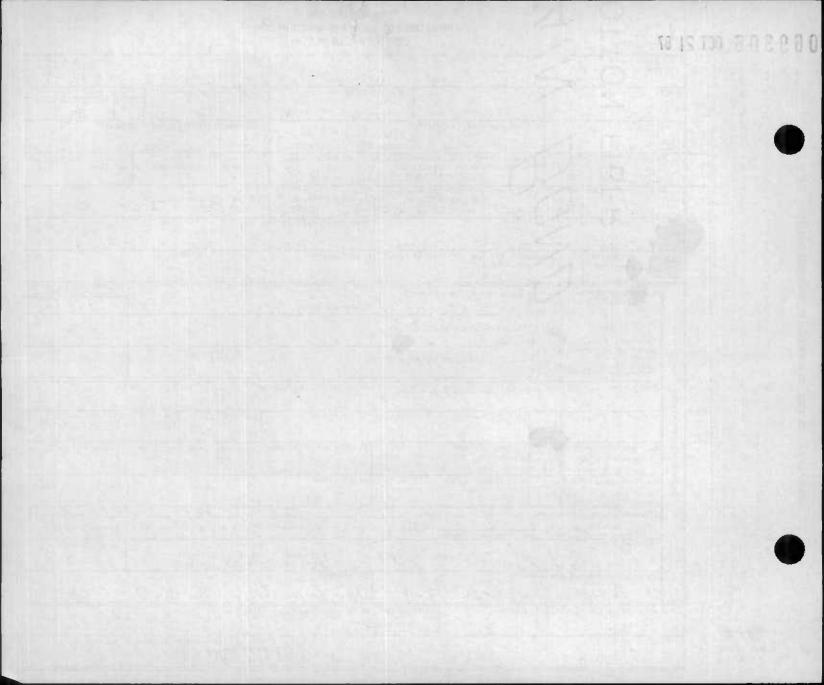
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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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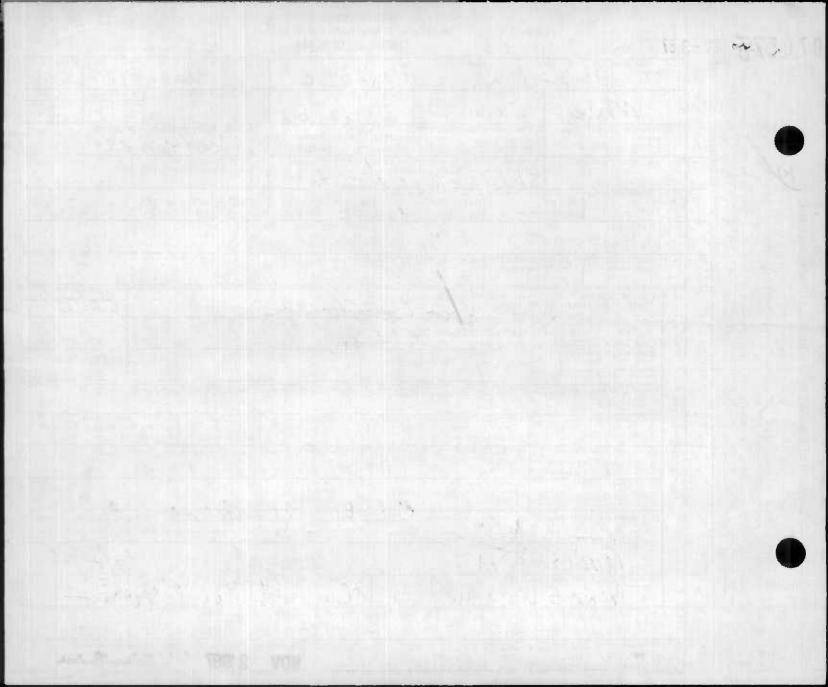
| 1 D REGIST | RAR | | DEPARTA | | EALTH AND MENTAL HYG CATE OF DEATH | IENE REG NO | 0. | |
|--|--|---|--|-----------------------------|--|--|--|--|
| I DECEASED I | NAME FIRST | | MIDDLE | 17 | SI | 20 DATE OF DEATH | MONTH DAY YE | AR 26 HOUR |
| (TYPE OR PRINT) | Jon | | Robert | Mc | Intvre | Octo | ber 1. 198 | 37 12:30P |
| 3 SEX | 87011 | 4 RACE | HODEL 0 | 5 DATE O | F BIRTH | 6 AGE (IN YEARS LAST BIR | | YEAR IF THE THE |
| Ma.1 | | White | | MONTH | tober 1.1987 | | MONTHS | DI MIN |
| 70 BIRTHPLAC | E INTATE OR FOREIGN | | WHAT COUNTRY? | 8 | | 9 BALTIMORE CITY O | R COUNTY OF DEAT | H |
| Maryla: | nd | | | WIDOWE | DIVORCED D | Mont | gomery | |
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| Rockvi | | Shad | y Grove A | dvent | ist | ITYPE OF WORK FOR MOST O | F WORKING (IFE) INDUS | STRY |
| Maryl | and Mor | | 130 CITY OR TOW Gaither | N I | 13d INSIDE CITY LIMITS? YES NO 🖾 | 13e STREET ADDRESS 9426 Genti | ZIP CODE e Circle | 2087 |
| 14 FATHER'S N | NAME | WIDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | AE MIDDLE | | LAST |
| / | ames | Jon | McInty | rre | Roberta | | Cle | land |
| | EASED EVER IN U.S. | | 16b SOCIAL SECU | | 17 INFORMANT | ADDRE | | Land |
| gove couse underly PART 2 | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, V | | | | | | | |
| - 10 DAT | T OF OREDATION | Tin cour | TION FORWARDS | 005047104 | | Tan Aut ODGWA | Tan III VES WERE E | |
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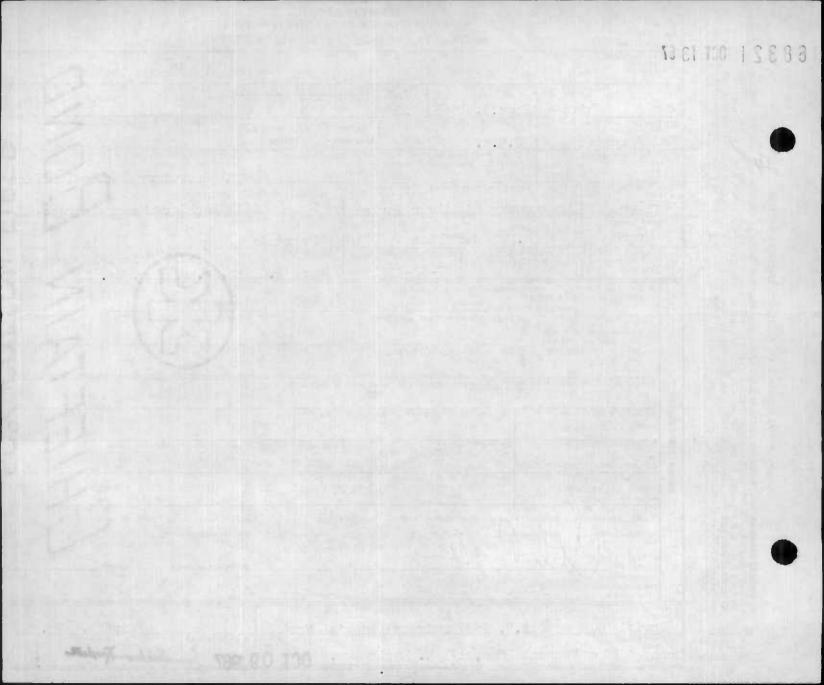
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| | dieth within 72 within 6 | | TY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURSIN | IG HOME | OR OTHER INSTITUTION | 120 USUAL OC | / | 12b KIMD OF BI | unty MD |
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| YLA | ithin tely 2 sh | 14 FA | THER'S NAME | WIDDIE | LAST | | 15 MOTHER'S MAIDEN | NAME | | | |
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| ZE, J | 5 0/ | 160 V | VAS DECEASED EVER IN U.S. AR. | MED FORCES? | 16b SOCIAL SECU | IRITY NO | 17 INFORMANT | | ADDRESS | Daviason | |
| BALTIMORE, MARYLAND 21 | n and o | 1 | (IF YES GIV | WAR OR DATES | 578-30-7 | 883 | Alexandra | M Smith | camo ac | #12 | |
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| DIVISION OF VITAL RECORDS, | has been prior tene pr | CERTIFICATION | 190 DATE OF OPERATION | 196 COND | DITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOP | SY? 20b IF Y | YES, WERE FINDINGS TIFYING CAUSES OF YES T | USED DEATH? |
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| | pritol pr | | sow the deceased alive on above, in (wer (did) (did no | view the body | v ofter death | C. (o | nd that in (my) مسما opir | ian death occurred | on the date and h | our and fram the cau | ses stated |
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| N . | TO HOSPITAL (TO FUNERAL I Should be deto with the State I MAPORTANT: If | | Month & | 1) or 4 | LIUV/ | | Ochen 5 | mainto | west " | 7084 St | - |
| | 5 € 5 € 3 ₹ | 23o E | BURIAL, CREMATION, REMOVAL | 236 DATE | 736 1 | NAME OF (| EMETERY OR CREMATO | RY ZILNOCATI | ON | 100 | |
| | BP | | Burial | Oct.31 | ,1987 Gat | e of | Heaven Ceme | \$100 to \$100 | ver Spri | ng, Maryla | and |
| | DHMH 16 60M 7 84 | 24 FI | JNERAL DIRECTOR obert | A. Pump | hrey Fune | eral I | Iome/ 25a | DATE REC D BY REC | | ISTRAR S SIGNATURE | |
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL WYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR CEASED NAME (TYPE OR PRINT) McMillan. DEATH MATED X Shannon Anne DATE OF BIRTH IF UNDER 1 YR 2c DATE LAST BIRTHDAY PRONOUNCED White Sept.3, 1965 Female TO BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X California U.S.A. DIVORCED Montgomery County TH. IF ANY DELAY'S NEO 1, 2, AND 3 TO THEY UN M 3. RETAIN PAGE S.F. 82 SHOULD BE FIRED, W 17 AL RECORDS, 2017 M. 1 10 CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 3318 Parkford Manor Terrace Legal Secretary Legal Office 13g STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montgomery Silver Spring 3318 Parkford Manor Terrace #K 14 FATHER'S NAME TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATHEXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18 -GIVE PAGES 1,
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM.
TO FUNDERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT. PAGES 1 AND AFTER DEATH, WITH THE STATE DEPARTMENT OF HALTH AND MENTAL HYGIENE. DIVISION OF VITE
BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. Frank D. McMillan Patricia Wedin 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 5337 Crisfield Court, I (IF YES, GIVE WAR OR DATES) 467-53-2202 Edward I. Smith, Jr. Fairfax, Va. 22032 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple stab wounds DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 🗌 71a EXTERNAL CAUSE WAS 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) UNDERLYING KOR Subject stabbed CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET FACTORY FARM ETC.) WHILE OF NOT WHILE AT WORK Parkford Manor Terrace, Silver Spring, Montgomery county, MD Autopsy X 220 I certify that I took charge of the remains described above, held an Hamicide X death resulted fram Airident Undetermined manner TITLE (SPECIFY) ACTUAL DATE 10-6-87 Assistant SIGNATURE Charles P. Kokes, M.D. EXAMINER'S NAME 111 Penn Street, balto., MD 21201 (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE Oct.9, 1987 Fairfax Memorial Park Burial Fairfax. 07 84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH 17 Money & King Funeral Home, 171 W. Maple Ave. (VR A15 ME (5)) Vienna, Va. 22180



uneral director page 3 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR Alternational from the should be detached for with the State Dept of Herlin Herman Director MPORTANT If Hem 2.

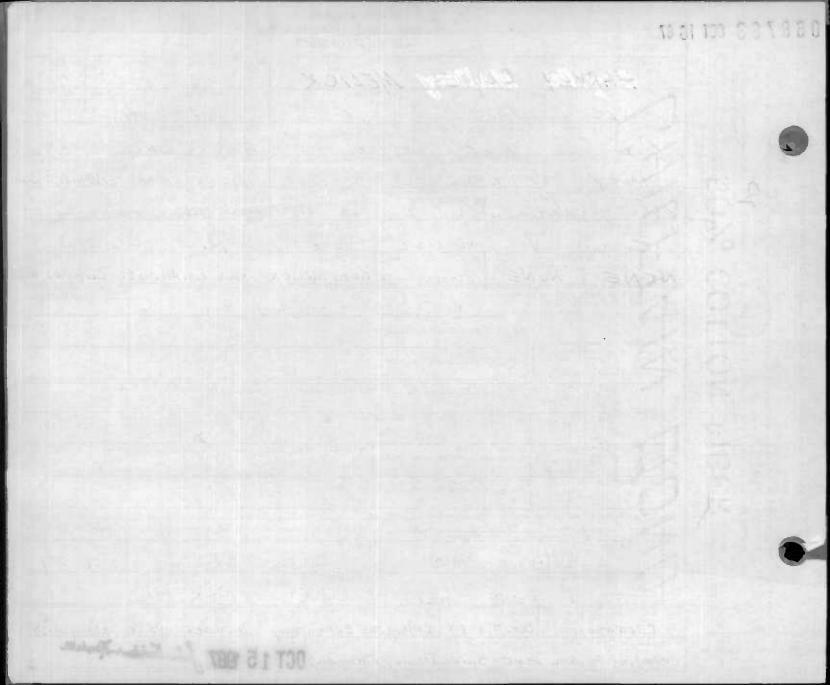
| STATE OF MARYLAND | 3-6 |
|---------------------------------|-----------|
| DEPARTMENT OF HEALTH AND MENTAL | HYGIENE " |
| CERTIFICATE OF DEATH | |
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| 000 | 763 OCT 1 | ر ال | STATE | DEP | ARTMENT OF HEALTH AND MENTAL HY | Y GIENE | |
| | | | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO | |
| | | | CEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH | MONTH DAY YEAR 26 HOUR |
| | page 3 | TITPE | HARVEY | | MELICK | 10 | -6-87 7PM |
| | E d a | 3 SEX | • | 4 RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRT | HDAY) IF UNDER THE ART IN TIME AT MIN |
| | director dours of | | MAle | White | 4-18-06 | 8/ | YRS (0 |
| | h P P | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUN | TRY? 8 MARRIED NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF DEATH |
| | deat | | N. J. | U. 5 A. | WIDOWED DIVORCED | 111 | Somek / COUNTYMD |
| | the full with | 10 CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NI | URSING HOME OR OTHER INSTITUTION STREET ADDRESS) | 120 USUAL OCCUPATION | ON 126 KIND OF BUSINESS OR INDUSTRY |
| 201 | filed tiled | | 3/Ney | 5hARON | NURSING Home | C.VIL ENG | INEER ENGINEERING |
| MARYLAND 2120 | ا الله الله الله الله الله الله الله ال | | TATE 136 COU | | | 13e STREET ADDRESS | ZIP CODE |
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| 8YL) | 12 st | 14. FA | THER'S NAME | MIDDLE LAS | 15 MOTHER'S MAIDEN N | IAME MIDDIE | 1461 |
| A A | Pa Pa | | 5 (MAN) | | ICIC ZAA | M. | CONKLIN |
| | 0 - 0 1 | 160 V | | | SECURITY NO 17 INFORMANT | ADDRE | |
| BALTIMORE, | Fog P | A | ES NO OR UNKNOWN) (IF YES G | ONE 101-0: | 3-04434 GARY MELIC | K 3300 KEN | ALLEN ET. GLENWOOD, M. |
| SALT | 11111 | | 18. CAUSE OF DEATH (Enter o | nly ane cause per line far at, I | o , and c | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| <u> </u> | # K201 | | PART I DEATH WAS CAUSI | ED BY. TE CAUSE (a) MYO | CARDIAL INFARCTI | ON . | |
| PRESTON ST., | 1 11/2 | | THE PARTY OF THE P | DUE TO, OR AS A CONS | | | |
| STC | 1 1161 | | Conditions, if any, which | (b) | EGGENCE OF | | |
| 9. M | 2 2 2 2 2 | 5 | gave rise to immediate cause (a), stating the | 10) | | | |
| 3 | 5 5 5 5 | | underlying cause last | DUE TO, OR AS A CONS | EQUENCE OF | | |
| 201 | 1 1 | | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | TO DEATH BUT NOT RELATED TO THE TER | RMINAL DISEASE OR CON | DITION GIVEN IN PART 110 |
| SDS. | 1 110 | N O | | 201101110 | | | |
| Ö | I III IO | A | 190 DATE OF OPERATION | 196 CONDITION FOR W | HICH OPERATION WAS PERFORMED . | 200 AUTOPSY? | 206 IF YES, WERE FINDINGS USED |
| 8 | 11 28 1 | CERTIFICAT | | | | YES NO NO | IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \) |
| /ITA | 11 11 11 | | 210 ACCIDENT WAS UNDERLYING | | 21¢ HOW INJURY OCCU | JRRED LENTER NATURE OF IN IUR | |
| 7 | 書年書籍です | | OR CONTRIBUTING CAUSE OF DE | | DAY YEAR | | |
| N | 25 112 5/ | MEDICAL | HE EITHER NOTHY MEDICAL EXAMINE | P.M. 21e PLACE OF INJURY | 21f LOCATION | | |
| DIVISION OF VITAL RECORDS. | 51 1211 | ME | WHILE NOT WHILE A WORK | (AT HOME STREET FACTORY O | | CITY OR TO | WN COUNTY STATE |
| ۵ | 8 4 6 8 | | 22a certify that (1) (this hosp | outal) attended the deceased f | rom Crecioner 19 9 1 | C to CCFUS | that (I) (we) lost |
| | AT BUT | | saw the deceased alive a | n_ 9 - | 6 | | ate and hour and from the causes stated |
| 1 | RECT ed f | | obove, (I) (we) (did) (did no | of view the body alter death | DEGREE | | 22c DATE SIGNED |
| | the horizon of the horizon of the DiRE of the Dept of | | _JEt | laive Mr | ATTENDING | MEDICAL STAF | F |
| | PIT | | 22d PHYSICIAN'S NAME (TYPE | OR PRINT) | 22e ADDRESS | A DIRECTOR ATTITUDE | 70.0 |
| | retoined by the TO FUNERAL I should be detoo with the Store I IMPORTANT IF | | TOD F | HOWE N | D OWEY. | MARY | LAND |
| | De DAN M | 23o E | URIAL, CREMATION, REMOVAL | | 236 NAME OF CEMETERY OR CREMATORY | 23d LOCATION | |
| | BP | (| CREMATION | Oct. 7, 1987 | CHAMBERS CREMATOR | CITY OR TOWN | PL CO MAN STATE |
| | J | 24 Ft | JNERAL DIRECTOR | 1116/ | | 7 | 256 REGISTRAN'S SIGNATURE |

DHMH 16 60M 7/84

(VRA 15, 4)

CHAMIBERS FUNDAL HOME SILVER SPRING, MANYUMD DCT 1



(VR A15 ME (5))

Marzullo Funeral Service

Upperco.MD.

OCT 06 1987 Auto Trans Julia Dividson Pandall

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

068565 od REG. NO 20 DATE OF DEATH 3:00 Edith Menkel 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE LINYEARS LAST BIR HOAY, oct. 2, 1897 89 White Female TO BIRTHPLACE THE STOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Montgomery Co. 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR National Lutheran Home Teacher Education Rockville SUAL RESIDENCE HE NURSIN 2901-Guilford Ave.21218 Maryland Balt. City Baltimore FATHER'S NAME 15 MOTHER'S MAIDEN NAME Ernst Menkel A.B. Frederick Anna 16h SOCIAL SECURITY NO Rev. Dr. Reichard - N. L. H. - Rockville, Md 214-40-3708 18 CAUSE OF DEATH Enter only one couse per line for a | b | ond c PART I DEATH WAS CAUSED BY CTASTICCH. HAKROWN CC217400 DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse o stating the DUE TO OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPS 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO X 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED INTERNAL RECENIUM NEW FORT INPART HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21f LOCATION TIE PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC. and that in (my) which opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE PHYSICIAN DIRECTOR PHYSICIAN 231 NAME OF CEMETERY OR CREMATORY BURTAL OCT. 8,1987 Loudon Park Cem. Baltimore, Maryland 250 DATE REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

HYSONG CO., INC- 1300 N ST., NW WASH., DC

DHMH 16 60M 7/84 (VRA 15 4)

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| CERTIFICATE OF DEAT | TH |

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| 7 | 9 BALTIMORE CITY OR COUNT | Y O | FDEA | TH | | | |
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| | 170 USUAL OCCUPATION | | | | F BUSINE | SS OR | |
| | Bus Driver | IFE I | INDU | Sch | ool | | |

| Į | | SASED NAME FIRST | | MIDDLE | ı | AST | 20 DATE OF DEATH | MONTH [| DAY YEAR | 26 HOUR |
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| I | | Female | White | | монтн. | ne 29,1928 | 59 | YRS | NON HE DATS | HOURS MIN |
| ł | | RTHPLACE ATE OF FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 9 | | 9 BALTIMORE CITY | | OF DEATH | |
| 1 | | shington, D.C. | II | SA | WIDOWE | D NEVER MARRIED | Montgo | merv | County. | AA |
| ł | | TY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURSIN | IG HOME C | OR OTHER INSTITUTION | 120 USUAL OCCUPA | ATION | 126 KIND O | F BUSINESS OF |
| J | 1 | Rockville | | COCOTO Ad | | st Hospital | Bus Dri | | Sch. | 00] |
| 1 | USUA | AL RESIDENCE (IF NURSING HOME OF | | | | 30 HOSPIUAL | | | | 001 |
| ı | | TATE 136 COU | | 13c CITY OR TOW | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRES | | | 070 |
| 4 | | ryland Mont | gomery | Damascu | S | YES TO NO I | | eall Ave | 2., 20 | 872 |
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| 4 | | Walter | | Lawonn | DITYNIO | Myrtle | | S. DRESS | Layman | |
| ı | | | VE WAR OR DATES) | 166 SOCIAL SECU | | 17 INFORMANT | | | | |
| 1 | | No | | 579-32-9 | 420 | Harry B. 1 | Merson | Item | | |
| 1 | | 18 CAUSE OF DEATH Enter o | nly ane cause per | line for (a), (b), an | | * 1 / | | - 1 - 1 | | IMATE INTERVAL ONSET AND DEATH |
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| ı | | gave rise to immediate |) | | | | | | | |
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| İ | Z | 2015try SIG | CONDITIONS | possible | DEATH BUT | stinal bee | E 4 | JINDIN ON GIV | ENTRARTIC | |
| | CERTIFICATION | 190 DATE OF OPERATION | 19h COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 206 IF YES | S. WERE FINDIN | NGS USED |
| 1 | FIC. | THE DATE OF OFERATION | 170 COIND | INDIVIOR WITHOUT | OFERATIO | TO WAS TENT ON MED | | IN CERTIF | YING CAUSES | OF DEATH? |
| 4 | RT | ALCOPONIC MAN INDEBUNIO E | 7 216. TIME C | SE INTHIBY | | 216 HOW INJURY OCCUR | YES NO | _ | | NO [] |
| | | OR CONTRIBUTING CAUSE OF DE | 110110 4 | M. MONTH DA | AY YEAR | ZIC HOW INJURY OCCUR | KKED (ENTER NATURE OF P | STURY IN ITEM IS P | ART LORPARE 21 | |
| | CAI | (IF EITHER NOTIFY MEDICAL EXAMINE | | Μ. | 19 | | | | | |
| | MEDICAL | 21d INJURY OCCURRED | | OF INJURY | ARM ETC) | 211 LOCATION | (ITY OF | RIOWN | COUNTY | TATE |
| | ~ | AT WORK AT WORK | | | | | | | | |
| | | 220 I certify that (I) (this hasp | ital) attended th | e deceased from | . 7 | 1985 | | 10/0 | 19 04 | that Ir (we) la |
| | | saw the deceased plive or above, (1) (we) (did) (did no | | ofter death | D.+ | nd that in (my) (our) opinion | death accurred an the | date and hou | and from the | couses stated |
| 1 | | 226 SIGNATURE | \ | oner deding | | DEGREE | | | 220 DATE | SIGNED |
| | | Deison | 1 (0 0 0 0 | HUDGO? | ML | ATTENDING PHYSICIAN | | SICIAN [| 10/ | 78/66 |
| 1 | | 224 PHYSICIAN'S NAME (TYPE | OR PRINT) | 100 CECCO | | 77e ADDRESS | | | Md | 2000 |
| | | Susan J | (0) +h | row | | 15225 Sha | de amie | PA # 11 | 5 prod | Cake |
| _ | 22. 0 | Supplied to the supplied to th | | | LAME OF C | | 123d LOCATION | ra i i | - K 00 | CVILLE |
| | 230 E | BURIAL, CREMATION, REMOVAL | | 4,1987 | | EMETERY OF CREMATORY | (ITY OR TOWN | 3.60 | COUNTY | NATE BELL |
| | | JULIAL | 000000 | 494701 | Danie | Bous TE UII. | Damascu | D, POI | ntgomer | y, Md. |

Montgomery, Md.

DHMH 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detached far use the State Dept of He ImpORTANT. If Item 21 is

BP.

Olin L. Molesworth, P.A., Damascus, Md.

Oct.24,1987

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

| | ×0 = 400 | | 2 F 10 TO 100 B |
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| The state of the state of the | | | |
| Acceptage Representation | | | |
| | 10 .0. | Cara L. C. Asia | 00.50 T. P. Color |

completely filled in by the funeral director page 3 ecuted within 24 hours after death Page 4 may be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the other should be detached for use as the burial transit permit. Then place the two with the State Dept. of Health and Mental Hygiene prior to burief. MAPORTANT IF Them 27 vs morked or them 18 shows only injury, or other float TO HOSPITAL OR ATTENDING PHYSICIAN The law requires that IIIetained by the hospital or attending physician

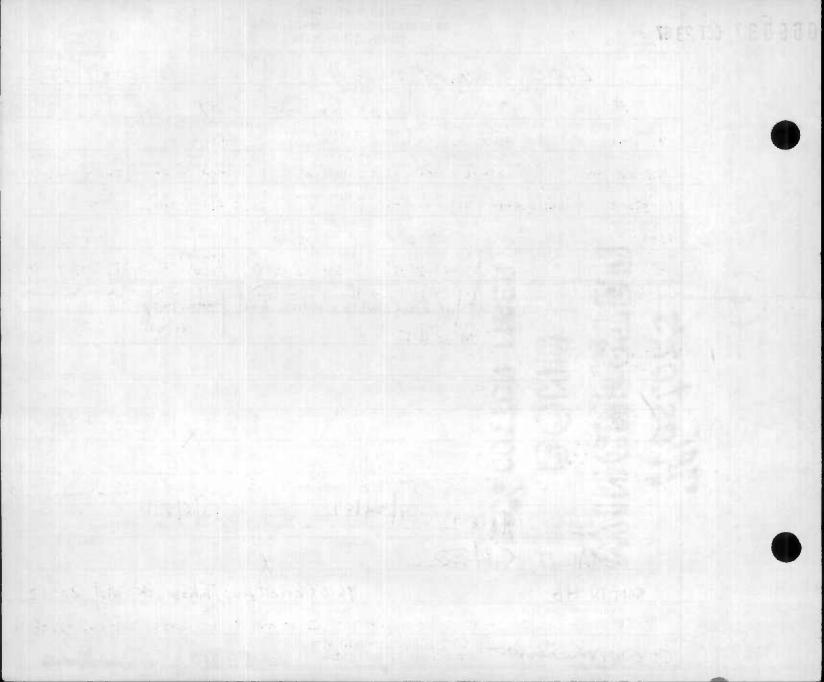
DHMH = 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH

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| 069 5 37 0CT | 2816 | FOR STATE | DEF | PARTMENT OF HEAL | TH AND MENTAL HYGI | TENE 3 | | 3 (3 |
|---|---------------|---|--|-------------------|-----------------------------|--------------------------------|--|---|
| | | REGISTRAR | | CERTIFICA | ATE OF DEATH | REG. NO | > | |
| | | CEASED NAME FIRST | MIDDLE | LAST | | 20 DATE OF DEATH | MONTH DAY YEA | |
| be 3 | | | E WAYN | E M,113 | | | 10-8-8. |) 158pm |
| may be page 3 er death | 3 SE | x | 4 RACE | 5 DATE OF B | | 6 AGE (IN YEARS TAST BIRT | | EAR IF INDER LAMPS |
| cto cto | | NI | 0 | MONTH / 2 | 08 '05 | 81 | YRS MON'N D. | ATS HOUR MIN |
| Pag dire | 7a B | IRTHPLACE ATE OR FOREIGN | 76 CITIZEN OF WHAT COUN | VIRY? 8 | | BALTIMORE CITY OF | | Н |
| oth P | 2 | Virginia | U. S. A. | MARRIED L | NEVER MARRIED | Montgome | | |
| dot thin | | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, N | WIDOWED [| | 12ª USUAL OCCUPATION | | ND OF BUSINESS OR |
| offer of | / | | LIF NOT IN SUCH FACILITY, GIVE | STREET ADDRESS) | | TYPE OF WORK FOR MOST OF | WORKING TIFE) INDUS | TRY |
| ours off | | Takoma Park | Washington A | | Hospital | Retired Ow | ner Pha | rmaceutica |
| ND 21 24 ho gold be most b | 13a | STATE 13b COL | UNITY 134 CITY OF | | I INSIDE CITY LIMITS? | 13e STREET ADDRESS / 614 Sligo | ZIP CODE Ave., 2091 | .0 |
| tely 2 sh | 14 F. | ATHER'S NAME | MIDDLE IAS | | MOTHER'S MAIDEN NAM | | | |
| MAR w omple | | | lexander N | Mills | Pancoast | | | nry |
| MORE | | WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES O | GIVE WAR OR DATES) | | Melen C. Mil | 1s, Silver | igo Ave. Springs, | Md. 20910 |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' NG PHYSICIAN The low requires that the cents confidents recuted within 24 hours of teaching physician than been signed by the proof of the box of | | | ONLY ONE COUSE PET THE FOLICITY SED BY: DUE TO, OR AS A CON DUE TO, OR AS A CON (c) | SEQUENCE OF | La cordiac o | and former | rest serv | PROXIMATE INTERVAL FERN ONISET AND DEATH |
| RDS, 20 equires signe Then pi to bur | NO | PART 2 OTHER SIGNIFICAN | t conditions <u>contributin</u> | G TO DEATH BUT NO | T RELATED TO THE TERM | inal disease or cone |)ITION GIVEN IN PAR | ТТа |
| L RECONTE | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR V | vhich operation w | VAS PERFORMED | 200 AUTOPSY? | 706 IF YES, WERE FIT IN CERTIFYING CAL YES | |
| A OF VITAL | .101 | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E | DEATH HOUR A.M. MONTH | H DAY YEAR | t HOW INJURY OCCURR | ED (ENTER NATURE OF INNIR | Y IN ITEM IS PART OF PAR | T 21 |
| JISION OF JISION OF The Confitte Control The buriol-the buriol-the cond Mentol And Cond them | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY C | | 1 LOCATION | CITY OR TOV | wn (OUNT | Y JATE |
| DIV TENDING rial or of TOR After or use as the of Health of | / | 22a.l certify that (I) (this has | spital) attended the deceased | | \$7 . 19 | -10- [0]8 | 19 | that - (we) lost |
| REC Hed f | 9 | sow the deceosed olive obove. (1) (did | not view the body cher death. | -100 | hot in (my) (out) opinion o | | | ATE SIGNED |
| TTAL O by the ERAL D Stote D NNT IF' | 7 | 224 PHYSICIAN THAME LIVE | X (+-2 | 122 | ATTENDING PHYSICIAN D | MEDICAL STAF | | |
| O HOSPITAL etained by th TO FUNERAL should be det | | SMITH HO | | | 7610 Carrol | 1 Ave Takoi | maPK, Wa | 1 20912 |
| 5 = 5 + 3 ₹ - | 230 | BURIAL, CREMATION REMOVA | | 230 NAME OF CEM | ETERY OR CREMATORY | 23d LOCATION | | |
| BP | | Burial | 10-14-87 | Prospect I | Hill Cemeter | v Front Ro | val. Warre | n. Virgini |
| DHMH = 16 60M 7/B4 | | UNERAL DIRECTOR | 1200 N | Shenando | ah Ave. 250 DATE | REC D BY REGISTRAR | 256 REGISTRAR'S SIG | NATURE |



OCT

ASED NAME

| | item | 6. | film | n G632 | |
|------------------------|------|----|------|--------|--|
| FOR STATE REGIST | 10 | | | I.J. | |

FANNIE

WIDDIE

LAST

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| STATE OF MARTLA | ANU | 3 |
|----------------------------|----------------|---|
| DEPARTMENT OF HEALTH AND I | MENTAL HYGIENE | 8 |
| CERTIFICATE OF D | DEATH | |

| HYG | ENE O O O |
|-----|--|
| | REG NO |
| | 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR |
| | October 13, 1987 2:10a., |
| | 6 AGE (IN YEARS LAST BIREHDAY) IF UNDER 1 YEAR IF IN I HR |
| 07 | 81 YRS MONTH DATS MOUNT MIN |
| | 9 BALTIMORE CITY OR COUNTY OF DEATH |
| | Montgomery County, MD |
| | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY |
| | Homemaker . Home |
| ? | 13e STREET ADDRESS / ZIP CODE (20853) 12630 Viers Mill Road, #1312; |
| NAA | |
| | Sus el |
| | #1312; ROCTEVILLE, Md. 20853 |
| nd | el; Husband; 12630 Viers Mill Rd.; |
| K | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH AUS. |
| Za | ellere |
| | |

| 3, 5£ | X | 4 RACE | | 5 DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER LYEAR IF LIGHT, 4 HR |
|---------------|--|--------------------|-------------------------------------|------------|--------------------------------|---|---|
| | emale. | Cauca | sian | Jani | uary 6, 1907 | -81 80 YRS | MCINTAL DATS ROOMS MIN |
| | RTHPLACE ISTATE OR FOREIGN | | WHAT COUNTRY? | 8 | XXNEVER MARRIED | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| R | assia | U.S.A | | WIDOWE | | Montgomery C | ounty. MD |
| 10 C | ITY OR TOWN OF DEATH | | HOSPITAL, NURSING | | OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 126 KIND OF BUSINESS OR |
| S | ilver Spring | НО | | | SPITAL | Homemaker . | Home |
| | AL RESIDENCE (IF NURSING HOME OF | | GIVE RESIDENCE BEFORE | ADMISSION) | 134 INSIDECITY LIMITS? | 13e STREET ADDRESS / ZIP CODE | (20853) |
| M | | gomery | Rockvill | | YES NO | 12630 Viers Mil | |
| 14 | ATREES NAME | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | AE MIDDLE | |
| 4 | Samuel | MIDOLL | Rosenbe | ra | Sadie | MIDDLE | Susel |
| | | MED FORCES? | 16b SOCIAL SECUI | RITY NO. | 17 INFORMANT | #1312; ROCTEVILLE | , Md. 20853 |
| | NO - | | 579-70-4 | 610 | Abraham Mind | el; Husband; 12630 | Viers Mill Rd.; |
| | CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE | | line for al, ib, and | I IC a | Fo . | | APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH |
| | | TE CAUSE (a) | Mals | RU | e ARAU | 2 | Bars. |
| | | DUE TO, O | R AS A PONSEQUE | NCE OF | | 11 | |
| | Conditions, if any, which | (b)_ | (211 | 1KI | story ga | cellere | |
| | gave rise to immediate cause ia, stating the | DUE TO, OI | R AS A CONSEQUE | NCE OF | | | |
| | underlying cause last | | | | | | |
| z | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION GIV | EN IN PART 1 o |
| CERTIFICATION | | Livi coulo | * | 00000000 | | | WEDE COURT OF |
| FICA | 190 DATE OF OPERATION | +46 CONDI | IIION FOR WHICH | OPERATIO | N WAS PERFORMED | IN CERTIF | , WERE FINDINGS USED YING CAUSES OF DEATH? |
| E T | 710 ACCIDENT WAS UNDERLYING | 7 235 TIME O | F INJURY O | 1 | 121. HOW IN HUBY OCCUPA | YES NOW YE | |
| 1000 | OR CONTRIBUTING CAUSE OF DE | 110110 4 | | FEAR | 211 HOW INJURY OCCURR | ED (ENTER NATURE OF INJURY IN ITEM 18 P | ART CORPART 21 |
| S | (IF EITHER NOTIEY MEDICAL EXAMINE | | | 19 | | | |
| MEDICAL | 21d INJURY OCCURRED | 21e PLACE | OF INJURY REET FACTORY OFFICE FA | RM ETC) | 21f LOCATION STREET | (ITY OR TOWN | OUNTY |
| | NOT WHITE AT WORK | | | | 4 | 1/12 | 6. |
| | 220 I certify that (I) (this hosp | . / / | e deceased from_ | 10 | 11 19 0) | | 19 that I (we) last |
| | saw the deceased alive or above, (1) (we) (did) (did no | ot i view the body | after death. | an | d that in (my) (our) opinion o | death accurred on the date and hou | and from the causes stated |
| | 174 SIGNATURE | / / | 7 | 1 1 | DEGREE | ſ | 220 DATE SIGNED |
| | + XILILLI | 6 | MAL | ly | - PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | Oct. 13, 1987 |
| | | OR PRINT) | | | 22e ADDRESS | | |
| | PENNY L. BI | SK. M. | D. | | 10313 Georgi | a Avenue; Silver. | Spring. Md. |

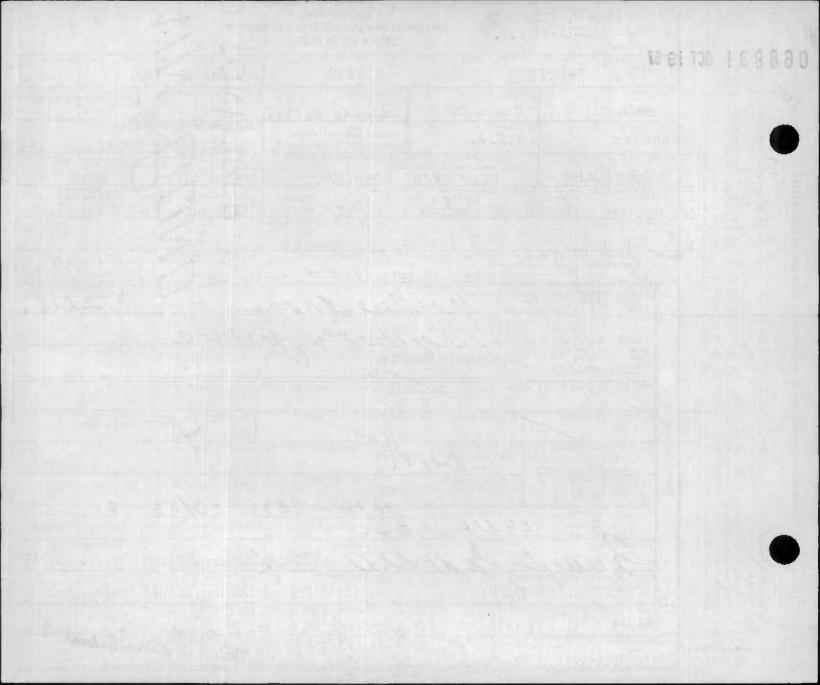
DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

Burial 10/14/87 Judean Memorial Garden Olney: Montgomery: Maryland

14 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 250 DATE REC D. BY REGISTRAR 250 DE DISTRAR 250 DATE REC D. BY REGISTRAR 250 DE DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 250 DATE REC D. BY REGISTRAR 250 DE DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 250 DATE REC D. BY REGISTRAR 250 DE DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 250 DATE REC D. BY REGISTRAR 250 DE DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 250 DATE REC D. BY REGISTRAR 250 DATE REC D. B



BP.

DHMH 16 50M 1/81 (VRA 15, 4)

atic event, the medical

MPORTANT If Item 21 is marked or Item 18 shows any injury or other

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | | REG N | 10 | | | |
|----|---------|-------|-------|-----|------|----|
| 20 | DATE OF | DEATH | MONTH | DAY | YEAR | 2b |

| | 1 DEC | CEASED NAME FIRST | | MIDDIE | 1 | AST | 20 DATE OF DEATH | MONTH DAY | YEAR 26 HOUR | ~ |
|----|----------|---|----------------------|----------------------|---------------|---------------------------------|--------------------------|--------------------|--|-----|
| | | ORPRINT) | | | | ERMANI | 24 DATE OF BEATT | | 0 30 | P |
| | | Katie | | | * | | / | 10-18 | 9 1 | M |
| | 3. SE) | | 4 RACE | 1. | S. DATE C | DAY YEAR | 6 AGE IIN YEARS LAST BIR | | THE DATE HELIT MAI | _ |
| | | Female | u | hite | 9 | -15-1882 | 99 | YRS | | |
| 1 | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY | ? 8 | D NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF | DEATH | |
| | | Russia | u. s | . A. | WIDOWE | | mONT | 60 M | TERY | MD. |
| 1 | 10 CI | TY OR TOWN OF DEATH | | HOSPITAL, NURSI | | OR OTHER INSTITUTION | 120 USUAL OCCUPATI | | 126 KIND OF BUSINESS | OR |
| 1 | F | Rockville | Hebrei | v Home o | Grea | ter Washingto. | 1 Housewif | e C | Own Home | |
| - | USUA | AL RESIDENCE (IF NURSING HOME OF | OTHER INSTITUTION | GIVE RESIDENCE BEFO | RE ADMISSION) | | <u> </u> | | 2001 | -7 |
| 5 | 130 1 | Maryland Mont | gomery | 13 CITY OR TO | lle | YES ON NO | 130 STREET ADDRESS | rose Ro | ad | 1 |
| -1 | 14 FA | THER'S NAME | MIDDIE | 1451 | | 15 MOTHER'S MAIDEN NAM | ME | | | |
| | | (Unknown) | ((| Inknown) | | (Unkhown) | MIDDLE | (Un | known) | |
| 1 | | VAS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SEC | | 17 INFORMANT | 1 8 ADS 18 | Enmore | Court | |
| 1 | | No | t tran on Daits; | 579-94- | 0355 | Samuel H. Mo | erman Potom | ac Md. | 20854 | |
| | | 18 CAUSE OF DEATH (Enter or | ly one cause per | line for Iai, (b), a | nd (c).) | 1 | ^ | A | APPROXIMATE INTERVAL BETWEEN ONSET AND DEAL | (H |
| | | PART I. DEATH WAS CAUSE | D BY TE CAUSE (a) | Carda | Just 1 | monary | ane | 21. | | |
| | | | | R AS A CONSEOL | INCE OF | | | | | 1 |
| | | Canditions, if any, which | (b) | 1 10 0001 | +00// | ed Sep | 810 | | Imon H | 2 |
| | | gave rise to immediate cause (a), stoting the | 005 70 0 | DAS A CONSTOL | IENICE OF | | | | | |
| | | underlying cause last | DUE 10, 0 | H W D | FO | TETION | | | 4-aw | |
| | | PART 2 OTHER SIGNIFICANT | ONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN | IN PART 1 a | |
| | 0 | | | | | | | | | |
| F | FICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | H OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | | ERE FINDINGS USED | |
| 1 | TIF | | | | | | YES NO | YES [| G CAUSES OF DEATH? | |
| | CERTI | 210 ACCIDENT WAS UNDERLYING | 216 TIME C | | DAY VEAD | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJU | RY IN ITEM IS PART | ORPART 2) | _ |
| - | | OR CONTRIBUTING CAUSE OF DE | 4114 | m. month c m. | DAT TEAK | | | | | |
| | MEDICAL | 21d INJURY OCCURRED | 21e PLACE | OF INJURY | | 211 LOCATION | | | | |
| | W | WHILE NOT WHILE AT WORK | (AT HOME STE | REET FACTORY OFFICE | FARM ETC) | STREET | (ITY OR TO | WN | COUNTY STATE | |
| | | 220 I certify that (I) (this hospi | tali attended th | e deceased from | 6. | -/ 10 8 | 3 , 10- | 18 10 | 87 that (the way) | ort |
| | | saw the deceased alive an | 10 | -15 19 | - | nd that in (my) (pur) ppinian o | death occurred on the di | ote and hour an | d from the causes stated | ١ |
| | | abave, (l) (we) (did) (did no | t) yiew the body | after death | | DEGREE | | | 224 DATE SIGNED | |
| | 1 | Joseph Joseph | MI | 1181 | 1 | MA / ATTENDING | MEDICAL STA | | C F | - |
| | | 22d PHYSICIAN'S NAME (TYPE O | 10 00 (N/1) | kul, | | PHYSICIAN [| DIRECTOR PHYSIC | IAN | 10-18-0 | _ |
| | | Loreto. | 5. | ALB 1 | 06 | 6121 m | ONTEC | JE | Rd. | |
| | 230 B | URIAL CREMATION, REMOVAL | 23b DATE | 11067 27 | NAME OF FI | ENETERY OF SPENALARY | 23d LOCATION | | | = |
| | - { | Burial Burial | 10/19 | /198/ | Torah | Congregation | Washing | ton | D. SC. | |
| | DON | WARADOMICTOSTEIN H | EBREW M | | FUNERA | | REC'D. BY REGISTRAR | 25h REGISTRAF | 'S SIGNATURE | |
| | 25 | 2 CARROLL STREE | 1, N. W | ., WASTI | NGIUN, | v. c. pct | 21 1901 | LI KUNG | March Carlotte | 1 |

0 6 8 0 0 7 0 0 7 23 82 ---

683

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 13 | 1 · 87 | FOR STATE REGISTRAR | DEPART | | EALTH AND MENTAL HÝG ICATE OF DEATH | IENE REG N | 0 | | |
|-------------|---------------|---|---|-----------------|--|---------------------------|--------------------|-------------|-------------------|
| 10 | | CEASED NAME FIRST | MIDDLE | - ! | AST | 20 DATE OF DEATH | MONTH DAT | YEAR | 26 HOUR |
| | | Richa | | Mol | ineu | 00 | + 5 | 987 | 90 M |
| | 3 SE | Х | 4 RACE | 5. DATE C | OF BIRTH | 6 AGE LIN YEARS LAST BIR | THDAY) IF | INDER YEAR | IF UNDER 24 HR |
| | | male | white | Jul | 1 24, 1924 | 63 | YRS | UM73 | ACCR3 MIN |
| -/ | | | TE CITIZEN OF WHAT COUNTRY | MARRIE! | A NEVER MARRIED | 9 BALTIMORE CITY | R COUNTY O | FDEATH | |
| 1 | I1 | linois | United States | WIDOWE | | Montgo | mety | Co | unty MD |
| 107 | 10 C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSI | | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | | | F BUSINESS OR |
| | | luer Spring | | 1050,1 | a | Switchman | DE WORKING LIFE) | C&P Te | le. Co. |
| T Isom | | STATE 136 COUN | other institution give residence before 130 CITY OR TOV | VN | 13d INSIDE CITY LIMITS? YES 🔀 NO 🗋 | | ZIP CODE | 57. | 20853 |
| 71 | 14 FA | ATHER'S NAME FIRST Herbert W. | Molineu | | 15 MOTHER'S MAIDEN NA/ | WE WIDOLE | 7.e | llers | 1 |
| | 160 V | WAS DECEASED EVER IN U.S. AR/ | | | 17 INFORMANT | ADDR | | IICID | |
| 5 | | YES NO OR UNKNOWN) (IF YES GIVEN TO WW II | E WAR OR OATES) 578-2 | 1.3260 | Colleen G. M | lolineu, wi | e, see | #13 | |
| | | 18 CAUSE OF DEATH (Enter on | | BETWEEN | MATE INTERVAL DISET AND DEATH | | | | |
| C 0 > | | PART I DEATH WAS CAUSED IMMEDIAT | ECAUSE (a) Acinte | MYBC | ardial in | tarction | | 4 | hrs |
| D D | | | DUE TO, OR AS A CONSEQU | JENCE OF | | | | | |
| E. | | Conditions, if any, which | (b) | | | | | | |
| 5 | | gove rise to immediate couse to stating the underlying couse lost | DUE TO, OR AS A CONSEOU | JENCE OF | | | | | |
| 5 | | | (c) | | | | | | |
| | N O | PART 2 OTHER SIGNIFICANT C | conditions <u>contributing to</u> | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN | IN PART 1 o | |
| (4) | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | N WAS PERFORMED | 200 AUTOPSY? | 206 IF YES. V | VERE FINDIN | IGS USED | |
| 1 | Ē | | | | | YES NOTE | YES | | NO [|
| | | 21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | TH HOUR AM. MONTH D | AY YEAR | 21¢ HOW INJURY OCCURE | RED LENTER WAT HE OF HULO | RY IN ITEM 18 PART | ORPART / | |
| 1 | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY | 17 | 211 LOCATION | | | | |
| | WE | WHILE NOT WHILE AT WORK | (AT HOME STREET FACTORY OFFICE | FARM ETC | STREET | , ITY OR TO | WN | COUNTY | STATE |
| E | | | tol) attended the deceased fram. | | 19 1965 | to Oct- | | | that (I (we) lost |
| 7 | | sow the deceased alive an obove, (1) (we) (did) (did n ot | UCT 5 19 | ¥7.01 | nd that in (my) (eur) opinion (| deoth occurred on the d | ote and hour o | nd from the | couses stated |
| E ■ = | | The Signature DA | Barlahan5 | MD | DEGREE ATTENDING | MEDICAL STA | | 22c DATE | SIGNED 1987 |
| - | 1 | 276 PHYSICIAN'S NAME (TYPE OF | D DD DATE | 11) | PHYSICIAN 1 | DIRECTOR PHYSIC | | | 6,1701 |
| 5/ | | Raymond | Bradshaw | | Silver | Spring | Ma | vel, W | |
| | | BURIAL, CREMATION, REMOVAL | | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | , | | |
| | | Burial | Oct. 8,1987 Pa | | | | | Maryl | |
| /84 | Ro Ro | CKVILLE, Inc. | A. Pumphrey Fun | neral | Home, 250 DAT | REC D BY REGISTRAR | 256 REGISTRA | | Rive : |
| | 30 | U W. Montgomer | y Ave. Rockvil | le. M | d | 0 1001 | | | - 1 |

DHMH 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 | 5 ¹ 8 | FOR STATE REGISTRAR | | DEPARTA | | IEALTH AND MENTAL HY | REG N | 0 | | • |
|-----|---|--|-------------------|---|--------------------|---|--|---------------|---|-------------------------------------|
| | | CEASED NAME FIRST | | WIDDIE | 1 | IASI | 20 DATE OF DEATH | | DAY YEAR | 2h HOUR |
| | LIYPE | OR PRINT) | LLTAM AT | LLEN MONC | H. JR | | OCTOBER 7 | 1987 | | 4:52 P |
| | 3 SE) | | 4 RACE | | 5 DATE O | | 6. AGE (IN YEARS LAST BIE | | IF UNDER I YEAR | IF I/NDER / I HR! |
| | | MALE | ALE CAUCASIAN JUN | | JUN | E 16 1952 FAR | 35 | YRS | MONTHS CALL | HOURS MIN. |
| 1 | TO BIRTHPLACE THATE OF FOREIGN TA CITIZEN OF WHAT COLINTRY? | | 8 AAABDIG | D NEVER MARRIED | 9 BALTIMORE CITY C | Y OF DEATH | | | | |
| 1 | 1 | VIRGINIA | UNITED | STATES | WIDOWE | | MONTGOM | ERY | | MD |
| 1 | | TY OR TOWN OF DEATH BETHESDA | | HOSPITAL, NURSIN THEACILITY, GIVE STREET NAVAL HO | ADDRESS] | OR OTHER INSTITUTION | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF ELECTRIC | OF WORKING L | | F BUSINESS OR |
| 100 | USUA 13a S VII | AL RESIDENCE LIFNURSING HOME OF STATE RGINIA FAIR | VIA | | ADMISSION) | 13d INSIDE CITY LIMITS? YES NO | 13e STREET ADDRESS 2528 GLENG | ZIP COD | | 22180 |
| 4 | FA | THER'S NAME FIRST WILLIAM ALL | EN MONC | H, SR | | 15. MOTHER'S MAIDEN NA | YS WRAY BUT | | LAS | 1 |
| 1 | | VAS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDR | ESS | | |
| 5 | | NO | _ | 223-76- | 1056 | GWYN K.MONCH | 1,2528 GLENG | YLE D | RIVE, VI | ENNA, VA |
| | NO | Conditions, if any, which gove rise to immediate cause to stating the underlying cause lost. PART 2 OTHER SIGNIFICANT | (b) DUE TO, O | R AS A CONSEQUE | NCE OF | NOT RELATED TO THE TERM | MINAL DISEASE OR CON | DITION GI | VEN IN PART 1 | |
| | CERTIFICATION | 190 DATE OF OPERATION | 19b COND | ITION FOR WHICH | OPERATIO | IN CERT | | | S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES [] NO [] | |
| 1 | | 210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE | HOUR A | DE INJURY M. MONTH DA M. | AY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 | PARI I OR PART ?] | |
| | MEDICAL | 21d INJURY OCCURRED WHITE NOT WHITE AT WORK | | REET, FACTORY OFFICE F | | 211 LOCATION STREET | (ITY OR FC |)WN | (OUNTY | STATE |
| | | 220 I certify that (I) (this hosp sow the deceased alive ar above, (I) (we) (did) (did no | OCTOBE | R / 19 | EPTEM 87 | IBER 23 19 8 and that in (my) (our) opinian | | | us and Isom the | that (II (we) last couses stated |
| | | Edward P. | 7 ox | | | DEGREE ATTENDING PHYSICIAN [| MEDICAL STA | | P Oa | SIGNED F. F7 |
| | | 22d PHYSICIAN'S NAME (TYPE | OR PRINT) | | | 22e ADDRESS NAVA | AL HOSPITAL | | | |
| | | EDWARD P. FOX | LT, M | C, USN | | BETH | HESDA, MD 20 | 814-5 | 5011 | |
| | 23a B | BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | | | | EMETERY OR CREMATORY litan Cremato | ry Alexand | ria, | COUNTY | ginia |
| | 24 FL | JNERAL DIRECTOR | | | | | TE REC'D. BY REGISTRA | | | REAL |
| | M | Money & King Fu | nl. Home | e, Vienna | , Vir | DOT | 1 4 1987, 3 | May Des | Mannaghan | |

13 21 700 1 3 3 8 3 0 OCT 14 1887, J.C. Killer Market

3

| TENE REG NO |
|---------------------------------|
| 20 DATE OF DEATH MONTH DAY YEAR |
| 10-27-87 |
| |

| l A 7 | FOR STATE REGISTRAR | | | | EALTH AND MENTAL HYG ICATE OF DEATH | TENE REG N | 10 | | |
|---------------|---|--|-----------------------------|---------------|--|---|----------------------------------|---------------------|------------------------|
| | CEASED NAME | | MIDDLE | L/ | AS1 | 20 DATE OF DEATH | MONTH D | AY YEAR | 2h HOUR |
| (TYPE | OR PRINT) | seph | | mo | ore | 10-27. | -87 | | 12:30 M |
| 3 SE | X | 4 RACE | 5 | DATE O | | 6 AGE (IN YEARS LAST BI | RTHDAY) | IF UNDER LYEAR | IF UNDER 74 HRS |
| | Male | Cauc | · N | larc | | 74 | YRS | OIA II TATE | MIN. |
| | RTHPLACE THATE OR FO | REIGN 76 CITIZEN OF | WHAT COUNTRY? 8 | M A R R I E C | XXNEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY | OF DEATH | |
| Wa | shington, | | Á | VIDOWE | | Montgom | ery C | ounty, | MD |
| | ty or town of DEAT Ever Spring | (IF NOT IN SUC | CHEACILITY, GIVE STREET AGO | | ROTHER INSTITUTION | 129 USUAL OCCUPAT (1YPE OF WORK FOR MOST Fed. Inves | ION OF WORKING LIFE tigato | INDUSTRY | Gov't. |
| 130 5 | STATE | GHOME OR OTHER INSTITUTION 36 COUNTY Montgomery | | 1 | 13d INSIDE CITY LIMITS? YES [X] NO [] | 130 STREET ADDRESS 2319 Pegg | / ZIP CODE | | 0) |
| LLEA | THER'S NAME | WIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | ME MIDDLE | | | |
| | Harry | MIDDIE | Moore | | Freda | | | Janus | |
| | VAS DECEASED EVER IN | U.S. ARMED FORCES? | 166 SOCIAL SECURIT | YNO | 17 INFORMANT | ADDR | EsGaith | ersburg | g, Md. 20878 |
| | les | WWII | 577-60-08 | 77 | Linda Walder, | Daughter; 2 | 6 Rich | Branci | h Ct.; |
| NOI | Conditions, if any, gove rise to imme couse to stating underlying couse | PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse to 1, storing the underlying couse last DUE TO, OR AS A CONSEQUENCE OF COLOR OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN | | | | | | | 0 |
| CERTIFICATION | 19a DATE OF OPERATION | ON 196 COND | ITION FOR WHICH OP | PERATION | N WAS PERFORMED | 20a AUTOPSY? | | WERE FINDING CAUSES | |
| MEDICAL CERTI | 210 ACCIDENT WAS UNDERTYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART DR PART OR | | | | | | | | STATE that I (we) lost |
| 23a E | 22d PHYSICIAN'S NAM | SHINE | 231 NAM | ME OF CE | | MEDICAL STA | | 10/ | 28/8/ |

DHMH 16 60M 7/84 (VRA 15, 4)

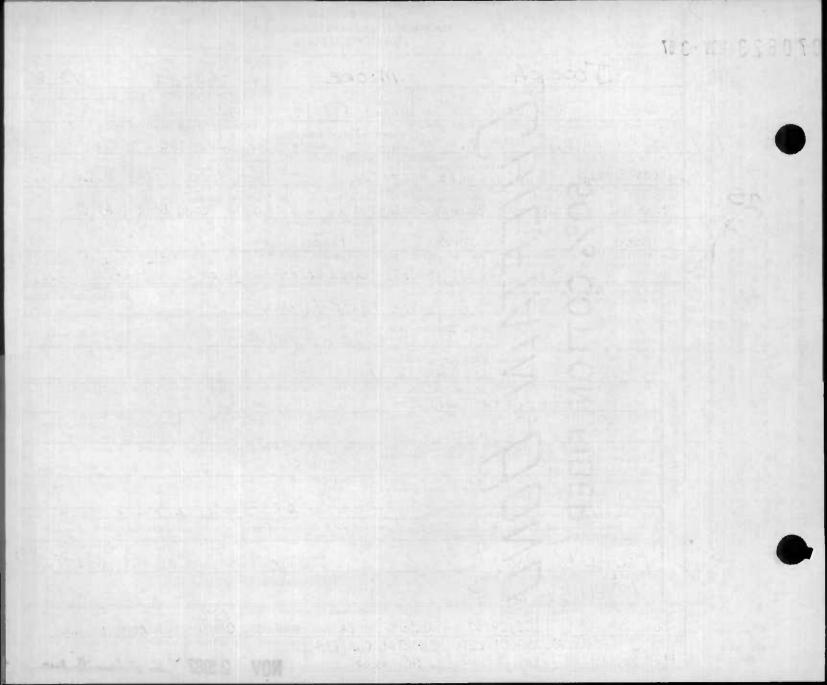
MPORTANT If them 21 is morked on tem 18 shows any

Burial 10/29/87 Judean Memorial Gardens;

H FUNERAL DIRECTORDANZANSKY-GOLDBERG MEMORIAL CHAPELS 1250 DATE REC'D IN NAME 1170 Rockville Pike; Rockville, Md. 20852

Gardens; Olney, Montgomery; Md.

1250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| - 1 | | LOISINAK | | | | | | KEG NO | | | | | |
|-----|----------------------|----------------|--|--------------------------|----------------------------|---|----------------------------------|--|------------------------------|-----------------------|--|--|--|
| | | EASED NAM | E FIR .T | | MIDDLE | | AT | 20 DATE KNOWN X M | NH LAY YEAR | 26 HOUR | | | |
| | | | Phill | ip Jan | ies | M | oreland | DEATH MATED | 10 24987 | M | | | |
| | 3.5EX | | 4 RACE | S DATE OF BIRTH | YEAR LAST BIRTHD | ARS IF UN | DER 1 YR IF UNDER | 24 FRS ILL DAIE | ONTH DAY YEAR | 7d HOUR | | | |
| | Ma) | Le | White | March 3, | | | DAYS HOURS | PRONOUNCED DE AD | 10 241987 | 12:10 a | | | |
| 1 | To BIR | THPLACE IS | | Th CITIZEN OF WH | AT COUNTRY? | I o | ED NEVER MARRIE | 9 BALTIMORE CITY OR CO | OUNTY OF DEATH | | | | |
| 1 | | erylar | nd | America | n | WIDOW | | | County | MD | | | |
| 9 | | Y OR TOWN | | 11 NAME OF HOSP | ITAL, NURSING HOM | E, OR OTH | ER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF W | | SINESS | | | |
|) | | Layton | ville | | 108 & Warf | ield | Rd. | Landscaper | ORINDUSIK | | | | |
| - | USUA | LRESIDENCE | IF IN NURSING HOME OF | ROTHER INSTITUTION GIVE | RESIDENCE BEFORE ADMISSI | ION] | | | 20874 | | | | |
| | 130 ST Mai | rylano | 1 I36 COUNT | tg. | Germanto | | 13d INSIDE CITY LIMITS? YES NO X | 11607 Summer | Oak Driv | re l | | | |
| Н | | THER'S NAME | | | To CI Marie | *************************************** | 15 MOTHER'S MAIDER | N NAME | | | | | |
| 7 | 1 | Phill: | in K | enneth | Morelan | d | Linda | S. | Turner | | | | |
| - | 160 W | AS DECEASE | DEVER IN U.S. ARA | NED FORCES? | 166 SOCIAL SECURIT | | 17 INFORMANT | ADDRESS | | | | | |
| | | S NO OR UNKNO | OWN) (IF YES GIVE Y | WAR OR DATES) | 215-98-3 | 695 | Phillip | K. Moreland | Item 13 | 3 | | | |
| | | 18 CAUSE C | | y one cause per line l | | 7 7 7 | | | APPRUX MATE BETWEEN ON ET | INTERVAL AND DEATH | | | |
| | 7 | | ATH WAS CAUSED | RY. | ranio cerel | bral | trauma | | BEIWEINONEI | NAD DA ATE | | | |
| | | 8/ | 6/ | | AS A CONSEQUENCE | OF | | | | | | | |
| | | | Conditions, if any, which gave rise to immediate (b) | | | | | | | | | | |
| | | couse (a | stoting the under | DUE TO, OR | AS A CONSEQUENCE | OF | | | | | | | |
| | | lying cat | use lost | 10 | | | | | | | | | |
| | | PART 2 DTHER S | IGNIFICANT CONDITIONS | ONTRIBUTING 10 DEATH 8 | UT NOT RELATED TO THE TERM | AINAL DISEASE | DR CONDITION GIVEN IN PAR | T1 a | | | | | |
| | ON | | | | | | | | | | | | |
| 1 | CAT | 190 DATE OF | OPERATION | 196 CONDITI | ON FOR WHICH OPER | RATIONW | AS PERFORMED? | | 20 AUTOPSY? | | | | |
| | EDICAL CERTIFICATION | | | | | | | | YES [X | NO [] | | | |
| 5 | CER | | AL CAUSE WAS | 216 TIME OF HOUR A.M. | | | OW INJURY OCCURRED | ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) | | | | |
|) | CAL | | | EATH 12: OPLAK | x 10 24 19 8 | 7 Dr | | to lost control & | struck tr | ee | | | |
| - | AED | 21d INJURY | OCCURRED | STREET FACTO | FINJURY (AT HOME, | | TREET | CITY OR TOWN | COUNTY | STATE | | | |
| 1 | 4 | AT WORK | NOT WHILE AT WORK | | oad | Rt. | 108 & War | field Rd, Laytonvi | | MD. | | | |
| | - | | | e of the remains desc | ribed above, held an | Autop | sy X Inspection | Inquiry . and in | ту оріпіол | | | | |
| 1 | | deoth result | 0 | | Argident X | uc de | | Undetermined monner . | | | | | |
| | | | 10000 | 707 | 1.1h | 21. | TITLE SPECIEY | | | - 4 (| | | |
| | | SIGNATURE | Melle | Cla) | my 11, | 144 | d Assistant | MEDICAL EXAMINER S | SIGNED 10/ | 24/87 | | | |
| 5 | | EXAMINER'S | NAME D | nnia E C | mysh M D | | | | Dalto MD | | | | |
| 1 | | TYPE OR PRI | NT) | | myth, M.D. | | ADDRESS | | Balto.MD. | | | | |
| • | (5) | PECIFY) | TION, REMOVAL 2 | | 23c NAME OF CE. | METERY O | RCREMATORY | 23d LOCATION CITY OR TOWN | COUNTY | A1E | | | |
| | | Buría. | | 0/27/87 | Pine Gr | ove | Cemetery | Mt. Airy Car | roll Md | | | | |
| | | NAME | | ADDRESS | | | DCT | ECID. BY REGISTRAR 236 REGISTRA | AN SOUNATURE - | | | | |
| | 01 | in L. | Moleswo | orth.P.A | Damascus | Md. | 45.0.0 | 5 | | | | | |

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 068151 00 | T L | FOR STARF | | DEPAR | | ALTH AND MENTAL HYG | | |
|--|---------------|--|---|--|---------------|-------------------------------------|---|---|
| | 1.00 | CEACED NAME | | M/DDLF | | | REG. NO | DAY YEAR 2h HOLLR. 4 |
| noy be | | CEASED NAME FIRE BORPRINT) | | WIDDLE | m | 1055 | 20 DATE OF DEATH MONTH | 5-87 LOAM |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 3 SE | | 4 RACE | | 5 DATE O | | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER YEAR IF UNDER 24 HRS |
| age 4 | / | EMALE | WHI | - | a month | - 2 - 03 | 84 YRS | MONTHS DATE MIN |
| th Prol d | 1 | IRTHPLACE (STATE OR FOREIGN COUNTRY) | /B CITIZEN O | F WHAT COUNTR | MARRIE | | 9 BALTIMORE CITY OR COUNTY | TOFDEATH |
| deo deo | | ARYLAND ITY OR TOWN OF DEATH | U- | SHOSBITAL NUIS | WIDOWE | DIVORCED DIVORCED | 120 USUAL OCCUPATION | 126 KIND OF BUSINESS OR |
| s offer | 1 | SILVER SPRING | (IF NOT IN S | UCH FACILITY, GIVE STR | EET AODRESS | | TYPE OF WORK FOR MOST OF WORKING LI HOUSEWIFE | |
| 24 hour filled in bould be f | 130 | | ME OR OTHER INSTITUTION | OTHER INSTITUTION GIVE RESIDENCE BEFORE ADA | | 138 INSIDE CITY LIMITS? YES [X NO] | 136 STREET ADDRESS / ZIP CODE 3809 CLARKS LA | |
| thin thin | 14. F. | ATHER'S NAME | | | | 15 MOTHER'S MAIDEN NAM | | |
| ond w | U | LOUIS | GOL | DSMITH | | CELIA | | JNKNOWN |
| direction of the country | | WAS DECEASED EVER IN U : | ARMED FORCES | | CURITY NO | 17 INFORMANT MRS | RHODA OBERFELI | APT. 713 |
| Poge exe | | NO | | 579-4 | 8-6351 | 261 CONGRESS | SIONAL LA. ROCKV | |
| rificate be executed within 24 has physician and completely filled innpapers. Pager 1 and 2 spould be enough, the medical exemples mush | | 18 CAUSE OF DEATH End PART I DEATH WAS CA | er only one couse p AUSED BY DIATE CAUSE (0)_ | RESPI | 12A 70 | RY DISTA | ESS EYNDRON | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 - 3 BHUS |
| death ce othending dve carbo tion. or ri | | Conditions, if ony, which | | OR AS ONSEC | NONA | ny EMB | ousm | 2-3 DAYS |
| hot the | | gove rise to immediate couse (a), stating the underlying couse las | DUE TO. | OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECU | EFINE | ED ORIG | (N | |
| | Z | PART 2 OTHER SIGNIFICA | INT CONDITIONS | CONTRIBUTING T | O DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION GIVE | VEN IN PART I O |
| n no been ne permit I | CERTIFICATION | 19a DATE OF OPERATION | 196 COM | DITION FOR WHI | ICH OPERATIO | N WAS PERFORMED | IN CERTI | S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \) |
| NG PHYSICIAN The low requires that the death certicated by sections of the this certificate has been suited. It is the buriothronist permit The little colors corbon has a Managed by givene prior to the corbon or the managed by givene prior to the corpor or the managed by givene prior to the corporate or them 18 shows any into a different countries. | | 21a ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE | 110110 | OF INJURY A.M. MONTH | DAY YEAR | 21c HOW INJURY OCCURR | RED (ENTER NATURE OF INJURY IN ITEM 18 | |
| PHYSICIA anding ph this certifi e burial-tr d Mental | MEDICAL | 116 INJURY OCCURRED | 21e PLAC | P M E OF INJURY STREET FACTORY OFFICE | CE FARM ETC.) | 21f LOCATION | CITY OF TOWN | COUNTY |
| NG offer than thou | 1 | MHILE NOT WHILE | | | | 0.0 | 0050 | 82 |
| TTENDI or potal or to use for use of Heal | | sow the deceased almobove, (1) 10 cm (did) (d | 0 0 - | T 4 19 | En | d that in (my) (pai) opinion (| death accurred on the date and have | 19 that It less last us and from the couses stated |
| ALOR A the hos | | 276. SIGNATURE - AMPL | næ x | maro | - 1 | | MEDICAL STAFF DIRECTOR PHYSICIAN | COSSIGNED |
| HOSPIT forned by | | 17d PHYSICIAN'S NAME (| TYPE OR PRINT) | ARCU | PM.D | 10313 GE | ORGIA AVE SO | SALVER MOGO. |
| D 9 | 23a | BURIAL, CREMATION, REMO | | | | METERY OR CREMATORY | 23d LOCATION | COUNTY TAIF |
| BP | | BURIAL | | | CHIZUK A | | BALTIMORE | MARYLAND |
| DHMH 16 60M 7 B4 (VRA 15 4) | | UNERAL DIRECTOR OLO RETSTERST | SOL LEVIN | AD ORF 1 | | | TO 8 1987 Julia | TRAR'S SIGNATURE |

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

87 STATE REGISTRAR REG NO 20 DATE OF DEATH MONTH DECEASED NAME LAST 26 HOUR mamie S. 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF IJNDER I YEAR IF INDER 2. HR 3 SEX MONTH Oriental Female August 28,1904 83 TO BIRTHPLACE INTALE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Montgomery County, New York United States WIDOWEDXX IR CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Rockville Grove Homemaker Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GOE RESIDENCE BEFORE ADMISSION)
130 STATE 134 COUNTY 136 CITY OR TOWN 130 STATE 13e STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? Alabama Mobile NO 650 Montcliff Drive. Mobile W./33609 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDIE LAST MIDDLE Mark Shue not available ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST 142-34-6187 Mrs. Dorothy M. Chin, Daughter, Same as #13 18 CAUSE OF DEATH (Enter only one couse per line for la , lb , ond ic PART I DEATH WAS CAUSED BY ceretral himiation Conditions, if any, which gave rise to immediate cause to stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 DR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CUNTY CITY OR LOWN AT HOME STREET FACTORY OFFICE FARM ETC.) AT WORK 85 220 1 certify that (II (this hospital) attended the deceased from 10/30 sow the deceased alive on 10130 above, (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h_SIGNATURE 22¢ DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Oct. 31,1987 274 PHYSICIAN'S NAME (TYPE OR PRINT) 809 Viers Mill Road Frauke Westphal, M.D. Rockville, Maryland 2085] 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY Horsham Township November Burial 2. 1987 /Transit Whitemarsh Memorial Pk . Prospectville Pennsylvania 24 FUNERAL DIRECTOR 250 DATE REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Robert A. Pumphrey Funeral Home/

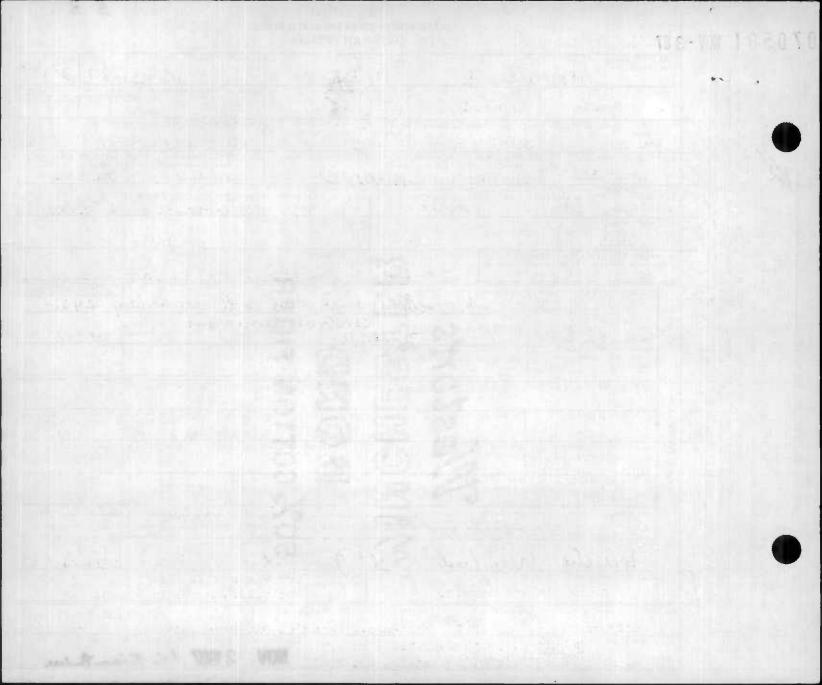
DHMH 16 60M 7 84

(VRA 15. 4)

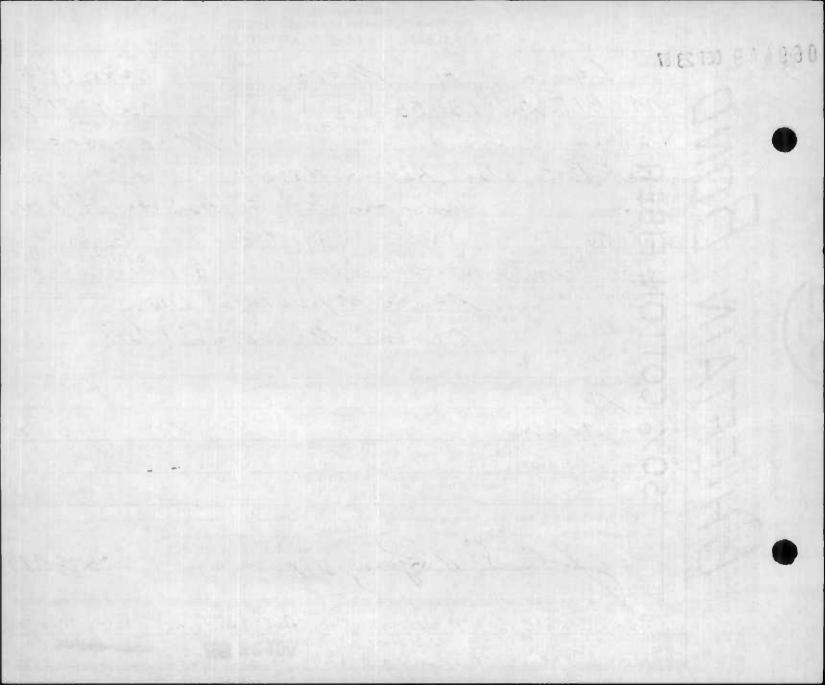
FUNERAL

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTALWYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO ASED NAME 20 DATE KNOWN OF V 72 HOUN DEATH MATED ST BIRTHDAY DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE DIREC PRONOUNCED DEAD N PAGE 5 FOR YO'RE FILED, WITHIN 7 BALTIMORE CITY OR COUN DEVER MARRIED IRGINIA DIVORCED & ma O CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION LIPE OF WORK KIND OF BUS 2, AND 3 TO T 3 RETAIN PA 3HOULD BE F 30 STATE OF COUNTY 13e STREET ADDRESS 4 FATHER'S NAME FORM PM SES 1 DIVISION 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO, OR UNKNOWN) ES CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE LALLOWED IN TEM IS RECUPE THE CERTIFICATE, WRITING THE WORD. PENDINGS IN PENCIL IN ITEM IS PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ON ET AND DEAT PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NORG 210 EXTERMAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET FACTORY FARM, ETC 1 STREET CITY OF TOWN WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy Natural causes death resulted from Accident Hamicide L Undetermined manner TITLE (SPECIFY SIGNATUR EXAMINER - HAVE (TYPE OR FRIET) 230 BURIAL CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH 17 (VR A15 ME (5))



FOR - STATE REGISTRAR TEASED NAME Myles Reulah 20 DATE KNOWN OF DEATH MATED DATE OF BIRTH IF UNDER 1 YR F UNDER 24 HRS DATE Car DEAD RALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. rive > D CITY OR TOWN OF DEATH Accountant Fed. Gov't. COUNTY 130 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 5415 Connecticut Ave. NW/20015 Washington, DC 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Leatherwood Rose Myles Benjamin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 900 Semmerset Place (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Hyattsville, MD 20783 Ralph F. Myles. 18 CAUSE OF DEATH (Enter only one cause per line bet PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (d. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? ZD AUTOPSY? YES NO EX 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME 211 LOCATION STREET FACTORY, FARM, ETC. STREET CITY OR TOWN WHILE AT WORK 220 I certify that I taak charge of the remains described above, held an death resulted from Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY SIGNATURE XAMINER'S NAME Silver Spring, Mentg. Co., MD John S. Rogers TYPE OF PRINT 230 BURIAL CREMATION REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATOR' Suitland, MD 10/13/87 Cedar Hill Cemetery Burial 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 5130 Wisconsin Ave, NW. Washington, D.C. 20016

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Fre-0-1589 Ratch 1. Per, Hyattsville, 10 (2005)

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Silver Borine, Monte. Co., MD

urial 10/1/87 reder vill reletery uitland, so forech 'wler's ons, nc.

TO FUNERAL DIRECTOR. After this certificate has been signer should be detached for use as the bunal-transit permit. Then a with the State Dept. of Health and Mental Hygiene prior to bur MPORTANT If Item 21 is morked or Item 18 shows ony

TO HOSPITAL OR ATTENDING PHYSICIAN The

etained by the hospital or

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 36 | 1 - | FOR STATE REGISTRAR | | | DEPAI | | EALTH AND MENTAL HYG ICATE OF DEATH | TENE " | 0 | | |
|-----|---------------|---|-------------|-------------------------------|--------------------|--------------|--|--------------------------|-------------------|------------------------|---------------|
| 20 | | | IRS1 | | WIDDLE | t. | AST | 20 DATE OF DEATH | | AY YEAR | 2b HOUR |
| | (I Y PE | CLAU | DIA | J | OAN | NE | LSON JR. | OCTOBER 20 | 1987 | 7 | 12:15P |
| | 3 SE | Κ | 4. | RACE | | | | | | | PUNDER |
| | | FEMALE | | WHI | TE | JANI | JARY 11, 1952 | 35 | YRS | ON! | HOUR MIN |
| 1 | | RTHPLACE , MATE OF FORE | IGN 7b | Th CITIZEN OF WHAT COUNTRY? 8 | | | NEVER MARRIED | 9 BALTIMORE CITY O | | OF DEATH | |
| 1 | C | ALTFORNIA | | USA | | WIDOWE | | MONTGOMERY COUN | | ITY ^ | |
| 1 | 10 C | TY OR TOWN OF DEATH | 1,1 | | HOSPITAL, NUR | | OR OTHER INSTITUTION | 120 USUAL OCCUPATI | ON | 126 KIND OF BUSINESS O | |
| 6 | | ETHESDA | | NIH, TI | HE CLINI | CAL CE | NTER | HOUSE WIF | | OWN I | HOME |
| 1 | USU/ 13a S | AL RESIDENCE (IF NURSING | HOME OF OTH | HER INSTITUTION | 130 CITY OR TO | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | ZIP CODE | | |
| 1 | | THE T DITTED | IOWARI | D | COLUME | BIA | YES NO XX | 7121 BANJO | CT. | 210 | 45 |
| 4 | 14 FA | THER'S NAME | MID | DDLE | LAST | | 15 MOTHER'S MAIDEN NAM | ME | | LAS: | |
| 4 | 1 | DON. | | | PARKS | | MARILYN | PATRI | | POWEI | L |
| 9 | | | | D FORCES? | 16b SOCIAL SE | | 17 INFORMANT | ADDRE | SS | | |
| gda | | NO | | | 551-88 | 3-5793 | CARL NELSON | SAME AS | 3# 13 | | |
| | | 18 CAUSE OF DEATH | Enter only | one cause per | | | 1 .1 | | | BETWEEN | MATE INTERVAL |
| П | | | | CAUSE (o) | Ke: | spirat | ory tail | uve. | | 2 W | recks |
| | | | | DUE TO, O | R AS A CONSEC | | , 0 , | , | | | |
| | | Conditions, if any, w gave rise to immed | | (b)_ | M | etasta | itic Areas | it cance | 7 | 146 | av. |
| | | cause o , stating underlying cause | the ' | DUE TO, O | r as a consec | DUENCE OF | | | | ' | |
| | N | PART 2 OTHER SIGNIFI | CANT CO | | ONTRIBUTING T | O DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVE | N IN PART I o | |
| 7 | CERTIFICATION | 190 DATE OF OPERATIO | N | 19b COND | ITION FOR WHI | CH OPERATION | N WAS PERFORMED | 20a AUTOPSY? | 20b IF YES, | WERE FINDIN | GS USED |
| | LIFIC | | | | | | | YES NO | IN CERTIFY YES | ING CAUSES | OF DEATH? |
| | CER | 210 ACCIDENT WAS UNDERL | YING [| 21b. TIME C | | | 21¢ HOW INJURY OCCURE | | | | |
| 1 | AL | OR CONTRIBUTING CAU | | HOUR A. | M. MONTH | DAY YEAR | | | | | |
| | MEDICAL | 21d INJURY OCCURRED | | 21e PLACE | OF INJURY | | 21f LOCATION STREET | CITY OR TO | | COUNTY | TATE |
| | × | AT WORK AT WORK | | (AT HOME STI | REET FACTORY OFFIC | E FARM ETC) | SIKEEI | CITORIO | WIN | 200011 | TAIE |
| | | 220 Lengtifu that With | v bornital | ottended th | e deceased from | SEPTEM | BER 24 19 85 | o OCTOBER | 20 | 9.87 | hat X (we) la |
| | | sow the deceased above, (X (we) (did) | alive on | OCTORE | K ZU 19 | | d that in 161/2) (our) Dpinion (| deoth accurred on the do | ate and hour | and from the | causes stated |
| | | 226 SIGNATURE | 1. 1 | new the body | affer death | | DEGREE | | | 22c DATE | SIGNED |
| | | | Va | 3 | | W | ATTENDING PHYSICIAN | MEDICAL STAR | FIANN | 10 | 11.87 |
| П | | 224 PHYSICIAN'S NAME | (TYPE OR PR | RINT) | | | | NAL INSTITU | | | |
| | | VINAY | K | 4. 5 | JAIN. | | ROCKVILLE, P | | | | |
| | | SURIAL, CREMATION REA | MOVAL | 23b DATE | 1 | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | Thursday. | |
| | | CREMATIC | N | 10/22 | 2/87 | VESTVIEV | W CREMATORY | BALTIMOR | E | MARY | LAND |
| 14 | 24 FL | NAME LEROY M | 1 & RI | JSSELL | C WITZK | E FUNE | RAL HOMES 250 DAI | E REC'D BY REGISTRAR | 256 REGISTR | AR'S SIGNATI | JR. |
| | | 1630 ED | MONDS | SON AVI | E. CATON | SVILLE | MD 21228 | 123 1987 | Julia | Menders | Condat |

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STATE OF MARYLAND

| OCT | 20 - | FOR FTATE REGISTRAR | | | DEPAR | | CATE OF DEATH | | . NO | | | | |
|--------------|---------------|--|-----------------|-------------|---------------------------------------|--------------|--------------------------|----------------------|-------------------------|-------------------|------------------------------------|--|--|
| | | CEASED NAME | FIRST | | WIDDLE | ŧ, | ST | 20 DATE OF DEATH | HINOM | DAY YÉAR | 26 HOUR | | |
| | LIAME | OR PRINT) | Joel: | la | W. | Nie | moller | October | 12 - | 1987 | 6:00am | | |
| | 3 SEX | X | | 4 RACE | · · · · · · · · · · · · · · · · · · · | 5 DATE O | | 6 AGE (IN YEARS LAS | T BIRTHDAY) | IF LINDER YEAR | | | |
| 15 | , | Female | | Cauc | asian | Apr | 11 23,1937 | 50 | YRS | MUNIMS DATS | HOURS MIN | | |
| ai | | RIHPLACE MATE | OR FOREIGN | | OF WHAT COUNTR | V2 8 | | 9 BALTIMORE CIT | | | - | | |
| onc | | Missour | i | IInit | ed State | MARRIE | NEVERMARRIED DIVORCED | Montgom | ary (| County | | | |
| rified of | | ITY OR TOWN OF | DEATH | 11. NAMI | E OF HOSPITAL, NUR! | SING HOME O | R OTHER INSTITUTION | 120 USUAL OCCUP | ATION 051 OF WORKING | 176 KIND O | | | |
| , e | TISLO | Rockvi | LIe | | UTION GIVE RESIDENCE BEF | | tist Hosp. | Teache | r | LEduc | cation | | |
| r must b | 13a S Ma | aryland | 13b COU | VIY | eryGaithe | NWC | | 18621 0 | | e/20879 | | | |
| a unit | 14. FA | ATHER'S NAME | | WIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | ME | F | 1.4 | AST | | |
| exor | | Willie | | | Reno | | Edith | | | Sni | der | | |
| medicol | | VAS DECEASED EN | | MED FORC | | | Douglas L. Place Gait | Niemoll | er 18 | | | | |
| the state of | | | ATH Enter o | nly one cau | se per line for la .(b., | | TIGOC OUT | , | 72141 | APPRO | XIMATE INTERVAL ONSET AND DEATH | | |
| ent, | | PART I DEATH | H WAS CAUSI | DBY | m.T. | state | " Brens | + Come | u | 6 | 4-17 | | |
| 10 e) | | | IMMEDIA | TE CAUSE | | | | | | 0 | | | |
| OE . | | DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | |
| †rai | | Conditions, if any, which gove rise to immediate | | | | | | | | | | | |
| ther | | cause 10. stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | |
| 0 0 | | D.D. D. GYUED | 10.11515.1.17 | | c) | O DE ATH DUT | LOT BELLYED TO THE YER | I DISE SEE OR C | ONDITION. | CINENA DA DI A | | | |
| Kinlui | CERTIFICATION | 6 | um | Neg | ative 1 | Boct | NOT RELATED TO THE TERM | HE.C. | ti | | | | |
| any |] ₹ | 190 DATE OF OPE | RATION | 196 | ONDITION FOR WHI | CH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | | YES, WERE FIND | | | |
| 30 1 | E | | | | | | | YES NO | | YES 🗌 | NO 🗌 | | |
| em 18 s | | 210 ACCIDENT WAS | CAUSE OF DE | ATH HOL | IME OF INJURY JR A.M MONTH P.M. | DAY YEAR | 21¢ HOW INJURY OCCUR | RED (ENTER MATURE OF | INJURY IN ITEM | H PART - JR PAR 2 | | | |
| - 10 | MEDICAL | 21d INJURY OCC | | 21e P | LACE OF INJURY | | 211 LOCATION | CITY | OR TOWN | COUNTY | TATE | | |
| ked | Σ | WHILE NO | WHITE | (AT HC | OME STREET FACTORY OFFIC | E FARM ETC) | STACE, | | 4 | | | | |
| 1 IS MOF | | 270 I certify that (I) (this haspital) attended the deceased from 81 1986 to 1987 that II No lost sow the deceased alive on 1987, and that in (my) (are opinion death occurred on the date and hour and from the causes stated | | | | | | | | | | | |
| E | | 226 SIGNATURE | of April (did u | of view the | bod ofter death. | | DEGREE | | | | E SIGNED | | |
| ± ± ± | | 10 | 19 |)/ | leaver | / | | DIRECTOR PH | | 10/ | 12/87 | | |
| MPORTAN | | 22d PHYSICIAN'S | 1 | PINT) | | | 22e ADDRESS 19261 | | | | | | |
| APO | _ | | | | vman, M.I | | Gaithersbu | | land | 20879 |) | | |
| - | | BURIAL, CREMATIC | ON, REMOVA | | 000. | | EMETERY OR CREMATORY | 23d LOCATION | N | COUNTY | * TATE | | |
| _ | | Burial | | 16 | 5, 1987 E | Iopeda | le Cemetery | Ozark | | | ssouri | | |
| 7/B4 | 24 F | OMEY ROC | Robe: | rt A. | Pumphre | W. Mo | eral 250 Di | 16 19 6 19 | 37 256 /EG | SISTRARS SIGNA | - Backet | | |
| | 10 | V Late of the late | WALL V | | THE YEAR | <u> </u> | 4.4 | | | | | | |

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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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| 3 87RE | ATE GISTRAR | | DEPARTM | CERTIFI | EALTH AND MENTAL HYS | REG. NO | | R |
|----------------------|--|--|--|------------------|--|--|---------------------|--------------------------------|
| 1 DECEAS | 020 | MIHONY | Ouang | | 30106 | 20 DATE OF DEATH MONTH | 30/ 87 | 26 HOUR 03/6 |
| 3 SEX | Male | 4 RACE | ENTAL | 5. DATE O | | 6 AGE (IN YEARS LAST BIRTHDAY) 52 YR | IFUNDER YEAR | IF UNDER 14 H |
| Viet | tnam | United | what country? States | WIDOWE | | Montgomery Cou | | |
| Tako | ortown of death | Washin | ch facility, give street a gton Adver | ntist | ROTHER INSTITUTION Hospital | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Machine Operato | | |
| Naryl | land M | HOME OR OTHER INSTITUTION COUNTY Contgomery | Rockville | 4 | 13d INSIDE CITY LIMITS? YES 🔣 NO 🗌 | 13e STREET ADDRESS / ZIP CO 7601 Nutwood Co | | 5 |
| Th | | inh | Nong | | 15 MOTHER'S MAIDEN NA. PIRST Que | Thi ADDRESS | Do | |
| | | U.S. ARMED FORCES? IF YES GIVE WAR OR DATES] | 586-40-29 | | 17 INFORMANT Yvette Dai N | ong, same as #1 | | MATE INTERVAL DISET AND DEA |
| PAI | DATE OF OPERATIO | ICANT CONDITIONS C | ONTRIBUTING TO D | EATH BUT I | | INAL DISEASE OR CONDITION | GIVEN IN PART 1 o | |
| RTIFIC | ACCIDENT WAS UNDERL | | | OPERATION | | YES NO INCER | TIFYING CAUSES | |
| CAL | CONTRIBUTING CAUSE | SE OF DEATH HOUR A | .M. MONTH DA M. | Y YEAR | 21c HOW INJURY OCCURE | RED LENTER NATIONE | 8 PAR* JR PART 21 | |
| | | 171a PLACE | OF IN HIRV | | 711 LOCATION | | | |
| | MILE NOT WHILE | (A) HOME ST | OF INJURY REET FACTORY OFFICE FA | RM ETC) | 211 LOCATION STREET | DITY OR TOWN | COUNTY | fatt |
| 226. \ | HILE NOT WHILE AT WORK I certify that A (I) saw the deceased above, (I) well fail SIGNATURE | is hospital attended to | REET FACTORY OFFICE FA | 6) , and | d that in (my) (our) opinion of the ATTENDING PHYSICIAN | to | 198 | hot (I. (we) couses stated |
| 226 \ \ 226 | HILE ALWORK I certify tho tested to above, the decessed of above, the well did. SIGNATURE PHYSICIAN'S NAME MAY PHYSICIAN'S NAME | (Al HOME SI is hospital attended in live an did not view the bod, | reel factory office far deceased from 19 office death. | 8) and | d that in (my) (aur) apinian of the physician of the physicin of the physician of the physician of the physician of the physi | 2. to Ct 30 depth occurred on the date and t | 198 tom the c | hot (I. (we) |
| 226. \ | HILE AL WORK I Certify tho THE SOW the deceased a shove. [If we I did SIGNATURE] PHYSICIAN'S NAME AL, CREMATION, REA BUTIAL | (Al HOME SI is hospital attended in live an did not view the bod, | reel factory office far deceased from 19 office death. | OMU AME OF CE | d that in (my) (our) opinion of the distribution of the distributi | death occurred on the date and I | MD 2 | hot (I (we couses state |

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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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| | 1 | | | | STAT | E OF MARYL | AND | . 7 | 6 O O | 13 | =1 | |
|-----------------------------|---------------|--|----------------------------|--|-------------|-------------------|-----------------|---|--------------------------|------------|-----------------------------------|--|
| | 1 | FOR | | DEPART | MENT OF | HEALTH AND | MENTAL HYD | TENE ' | | | 4 | |
| V | 74 | STATE BREGISTRARnna. | | 3.7 | CERTII | FICATE OF C | DEATH | | | | 0 - | |
| A | 1 DE | CEASED NAME FIRST | Marie | AIDDLE | otenbo | LAST | | REG. | | YEAR | 2b HOUR | |
| | (TYPE | OR PRINT) | _ | | | 1 | | | | 1500 | 1630 | |
| | - | NNA MAR | | 100TE | | | | 10/30 | / | | 1330 PM | |
| | 3. SE | X | 4 RACE | | 5 DATE | OF BIRTH H DAY | YEAR | 6 AGE (IN YEARS LAST BI | IRTHDAY) IF UN | DER I YEAR | IF UNDER 24 HRS | |
| | | Female | White | е | July | 31 | 1901 | 86 | YRS | 13 OATS | MOUKS MIN | |
| 1 | | RTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF | WHAT COUNTRY | 8 | D NEVER A | | 9 BALTIMORE CITY | OR COUNTY OF | DEATH | | |
| 1 | | Nebraska | US | Α | WIDOWI | | VORCED | Montgome | r.v. | | 445 | |
| 1 | 10 CI | ITY OR TOWN OF DEATH | 11. NAME OF H | OSPITAL, NURSI | NG HOME | | house | 120 USUAL OCCUPA | TION 12 | ZE KIND O | OF BUSINESS OR | |
| 1 | | Derwood | | H FACILITY, GIVE STREE | | 2005 | _ | (TYPE OF WORK FOR MOST | | NDUSTRY | | |
| | USU | AL RESIDENCE (IF NURSING HOME O | OTHER INSTITUTION | edland R | oad . | 2085 |) | Dental As | sistant | Heal | th Care | |
| | 130 S | STATE 136 COU | VIY | 13c CITY OR TOV | | 134 INSIDE C | and the second | 13e STREET ADDRESS | | | | |
| _) | | | gomery | Derwood | | YES | NO 🔀 | 16211 Re | dland Roa | ad 2 | 20855 | |
| X | 114 FA | ATHER'S NAME FIRST | MIDDLE | LAST | | | MAIDEN NAM | AE MIODLE | | 1.45 | ST | |
| | S | amuel | | Liesve | ld | Marie | | _ | Van | de We | 900 | |
| 1 | | VAS DECEASED EVER IN U.S. AF | MED FORCES? | 166 SOCIAL SEC | URITY NO. | 17 INFORMA | INI | ADDI | RESS | | - | |
| 1 | 1 | NO | , WAR ON DAILS) | 215-34-3011 Selma Nootenboom, Derwood, Md. 20855 | | | | | | | | |
| 1 | | 18 CALISE OF DEATH Fater of | ly and source per | | 2411 | T OC TIME | NOO CETT | DOUIL DELW | 1000, 100 | | IMATE INTERVAL ONSET AND DEATH | |
| PART I. DEATH WAS CAUSED BY | | | | | | | | | | OCT WEETS | MADE! AND DEATH | |
| | | IMMEDIA | TE CAUSE 10 | | 1 | | # | | | | | |
| | | | DUE TO, OR | AS A CONSEQU | ENCE OF | 1 | 0- | | | 1 | -9 | |
| | | Conditions, if any, which (16) Deffects Atheroselerate Vagenlar Delas | | | | | | | | | | |
| | | gove rise to immediate cause a stating the | DUETO | AS A CONSEQU | ENICEOE | | | | | | | |
| | | underlying cause last | DOE TO, OK | Daller | 121 | itta. | 7,00 | 2667 ml | Comercia | , | | |
| | | PART 2 OTHER SIGNIFICANT | ONDITIONS CO | INTRIBUTING TO | 4 | NOT RELATED | | | NDITION GIVEN IN | I DART 1 | | |
| | Z | Pulanca | 5-60 | Ci 14. | ne, | alexander | 2 | larens C | een 3 de | "Alan | | |
| 10 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OF | | | NI WAS DEDECT | DAKED | 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED | | | | |
| 1 | FIC | | 170 CONDI | nor rok wine. | . OI EKATIO | T TASTERIO | KINED | | IN CERTIFYING | CAUSES | OF DEATH? | |
| 100 | RT | | | | | | | YES NO | YES 🗌 | | но 🗆 | |
| P | | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | 216 TIME OF | h injury M. Month D | AY YEAR | 21c HOW IN | JURY OCCURR | ED (ENTER NATURE OF INJ | URY IN ITEM 18, PART 1 C | DR PART 2) | | |
| ř. | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) | P.A | | 19 | | | | | | | |
| | EDI | 21d INJURY OCCURRED | 21e PLACE C | OF INJURY | | 211 LOCATIO | N | | | | | |
| | × | WHILE NOT WHILE AT WORK | (AT HOME, STRE | EET, FACTORY, OFFICE, | FARM, ETC.) | SIKEEI | | CITY OR TO | WN CC | YINUO | STATE | |
| | | 22a.l certify those (1) this hospi | tal attended the | deceased from | 100 | | 10 654 | Thes | 10 | | at the second | |
| | | saw the deceased alive an abave (I) (wer did) did no | | | 57 | nd that inclimate | Pour) apinion d | eath accurred an the | date and how and | | that (I) we) last | |
| | 10 | abave (1) (we fidid) did no | t view the body o | after death. | | | | com occorred on the | | | | |
| | | Donglan K | Alle | 1.0 | | DEGREE | TTENDING | MEDICAL STA | 100 | 22c. DATE | | |
| | | | | acc ray | | F | HYSICIAN | DIRECTOR PHYSI | CIAN | 10/3 | 0/0/ | |
| 1 | | 224 PHYSICIAN'S NAME (TYPE O | | | | 22e ADDRES | 5- 111 | novier | an cost up | - | | |
| / | | DOUGHAZ K | 2. 54 | - MAKE | E. A | 110 6 | OCR W | | | 550 | | |
| | 23a B | URIAL, CREMATION, REMOVAL | 23b DATE | 230 | NAME OF C | EMETERY OR C | | 23d. LOCATION | | - | | |
| | (5 | SPECIFY) Burial | | | | | | CITY OR TOWN | COUN | ITY | STATE | |
| | $\overline{}$ | INERAL DIRECTOR | Nov.3 | 198/ | Darne | stown (| lemetery | Darnesto | m Mont. | Ma | ryland | |
| | | NAME | | AODRESS | | | MOV | REC'D. BY REGISTRAL | 1 6 . 0 50 | 8 | ^ | |
| | I | Barber Funeral | Home. La | vtonsvi | lle. N | fd. 2087 | 79 1101 | 04 198/ | Guia Da | Leges - | Kondall | |

Barber Funeral Home, Laytonsville, Md. 20879

07 08 15 MY-201 Links as a control of the later Berline a service of the service of and the political state of the

STATE OF MARYLAND

| PARTHS OCT | 1 | 5.27 ELISTRAR | DEP | | H AND MENTAL HYGI | | and and | |
|--|-----------------------|--|------------------------------------|---|--|---|-------------------------------|--|
| 1001201 | 70 BI | TY OR TOWN OF DEATH ALRESIDENCE IF NURSING HOME OR CITATE 136 COUNTY 137 COUNTY 138 COUNTY 138 COUNTY 139 COUNTY 140 ALRESIDENCE IF NURSING HOME OR CITATE | TY I3L CITY OR | S. DATE OF BIR S. DATE OF BIR MONTH Z TRY? MARRIED WIDOWED JRSING HOME OR OT STREET ADDRESS! S BEFORE ADMISSION: TOWN 13d | TH DAY YEAR O Z I NEVER MARRIED DIVORCED HER INSTITUTION P. + A NSIDE CITY LIMITS? | 9 BALTIMORE CITY OR 120 USUAL OCCUP TO 14 ACCOUNTANT 130 STREET ADDRESS / | ACOUNTY OF IT WORKING LIFE IN | |
| MORE, MARYLAN seesoned a thin super Coing 2 | 160 V | THER'S NAME MICHAEL VAS DECEASED EVER IN U.S. ARM | WAR OR DATES) | RY SECURITY NO 17 II | OTHER S MAIDEN NAM HANNAH NFORMANT HILDA G. O'I | MIDDII ADDRES | | E AS 13 |
| DS, 201 W. PRESTON ST : BAR quires that min and the signed by the title find the hen please mice of companies to buried in the signed of the s | NO | 18 CAUSE OF DEATH. Enter only PART I. DEATH WAS CAUSED IMMEDIATE. Conditions, if any, which gove rise to immediate cause o, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO. | DUE TO, OR AS A CONS | CRESPIR SEQUENCE OF INOMA | ATORY FOR PAN | | ition given i | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 MIN 4 MICH |
| NG PHYSICIAN The low requorite this certificate has certificate as the burnol-transit permit. The hold Mental Hygene priorite or ked or them 18 shows only military. | MEDICAL CERTIFICATION | 190 DATE OF OPERATION 17 AUG 1957 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUGE OF DEAT LIFE ENDIFF MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AUGUST OF AUGE OF AUGUST | PER 17610 216. TIME OF INJURY | 1 DAY YEAR 19 211 | S PERFORMED HOW INJURY OCCURRE LOCATION STREET | 200 AUTOPSY? YES NO LENTER NA' RE OF INJURY | YES VENTEN & PART | RE FINDINGS USED G CAUSES OF DEATH? NO ORPART 71 COUNTY 141E |
| HOSPITAL OR ATTENDIN onned by the hospital or THINE ALDIRECTOR A deloched for use the first of the billing in the billing in the billing is a second of the billing is a second of the billing in the billing is a second or second or the billing in the billing is a second or sec | | 220 I certify that (I) (this hospite sow the deceased alive on above. (I) certified (Idid not 22b SIGNATURE ACCOUNTS NAME (TYPE OR HAROLD S. | view the body after death. Liller | 19 \$7 . ond tho DEGR 122e | ATTENDING | MEDICAL STAFF | f Ian 🗌 | 221 DATE SIGNED 10/9/87 |
| BP | | BURIAL CREMATION, REMOVAL BURIAL | 23b DATE OCT.13,1987 | GATE OF H | | SILVER SP | RING MO | NTGOMERY MD. |

DHMH - 16 60M 7/B4 (VRA 15, 4)

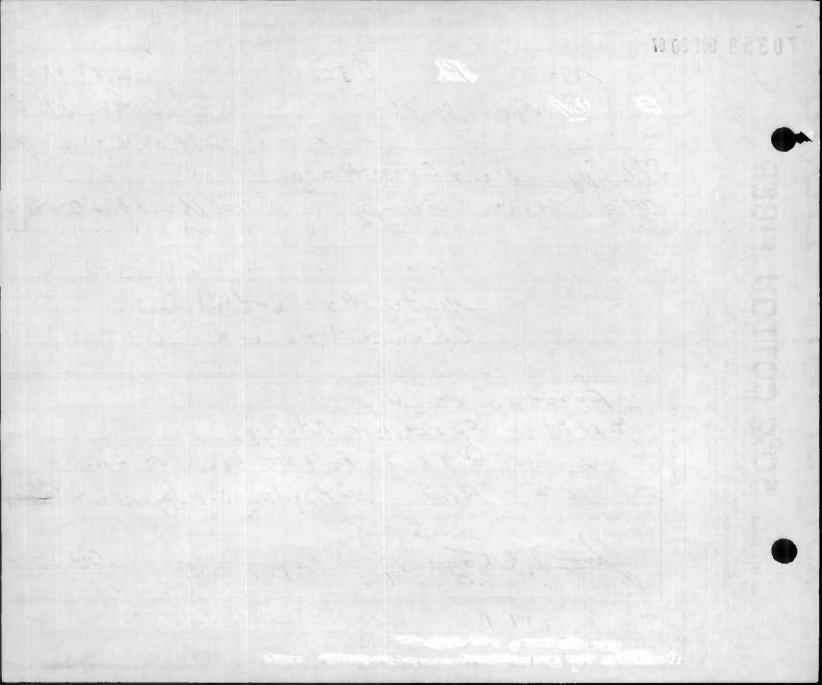
74 FUNERAL DIRECTOR FRANCIS J. COLLINS, JR.
500 UNIVERSITY BLVD., W. SILVER SPRING, MD. 20901 OCT 14 1987

Wife the second second L'ANDER 302 14 1902 Julius

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR LDECEASED NAME O DATE KNOWN Y TYPE OR PRINTS OF Albert Ollison DEATH MATED 2:10 AM IF UNDER 24 HRS 6 AGE LIN YEARS IF UNDER 1 YR 20 DATE YEAR LAST BIRTHDAY PRONOUNCED Blk DEAD lale 1949 10 - 311987 In BIRTHPLACE ISTATE OR LOUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED North Carolina USA DIVORCED Montgomery County D CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) OR INDUSTRY Bethesda Correctional Suburban Hospita Spd Govt 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Suitland Maryland FATHER'S NAME 15 MOTHER'S MAIDEN NAME lbert Ollison Pearlie Grady WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRES 229 Auth Road (IF YES GIVE WAR OR DATES) Oct A. Ollison Suitland. BE USED AS A BURIAL - TRANSIT PERMIT IN OF HEALTH AND MENTAL HYGIENE, DOUR HELL CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter anly one cause per line far (o), (b), and (c) APPROXIMATE NIERVAL BETWEEN ONSET AND DEATH PART LDEATH WAS CAUSED BY Thoraco-abdominal trauma IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF EXECUTED WITHIN ING" IN PENCIL IN Conditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULI EXECUTE THE CRRTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED THE STATE DEPARTMENT OF HE BARTINGNE, MARYCAND, 21201 PRIOR TO BURIAL, 2D AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XXR 10-31-87 Driver in auto/auto collision CONTRIBUTING CAUSE OF DEATH 12: 38AM 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET FACTORY FARM, ETC. Route 29 at Greencastle Road, Silver Spring," WHILE AT WORK Montgomery County, MD 22a I certify that I took charge of the remains described above, held an Accident X death resulted from: Notural causes Undetermined monner TITLE (SPECIFY) ACTUAL DATE 11-1-87 Deputy Chief ICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn Street, Baltimore, MD 21201 Ann M. Dixon, M.D. 230 BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION Cheltenham Cheltenham 07 84 25M 24 FUNERAL DIRECTOR (VR A15 ME (5)) Rainier

196-191 90115 MOVED AND THE STATE OF THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE CEASED NAME MARIE DATE KNOWN TYPE OF PRINT DEATH MATED IF UNDER 24 HRS DATE WHITE FEMALE DEAD TO BIRTHPLACE INTALE OR NEVER MARRIED WASHINGTON, DC 10 CITY OR TOWN OF DEATH OWN HOME HOUSEWIFE 20902 ABRAHAM (UNASCERTAINABLE) 166 SOCIAL SECURITY NO. 3735 RIDGE AVENUE 220-48-8588 DR. ALVIN D. OSCAR. PHILADELPHIA PENN. APPROXIMATE INTERVAL gave rise to immediate cause (a stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 70 AUTOPSY? YES NO NO 214 INJURY OCCURRED WHILE AT WORK AT WORK 270 I certify that I took charge of the remains described above, held an Autopsy Undetermined manner death resulted frame Natural causes Suicide Hamicide TITLE (SPECIFY) DR. JOHN S. BOGERS. M. D. EXAMPLER'S NAME SILVER SPRING, MARYLAND TYPE OR PRINT 236 NAME OF CEMETERY OR CREMATORY
MOUNT LEBANON CEMETERY 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION BURTAL 17 84 24 DUNALDREMIOR STEIN HEBREW MEMORIAL FUNERAL HOME DHMH 17 232 CARROLL STREET, N. W., WASHINGTON, D. C. (VR A15 ME (5)



687

In by the funeral director page 5.0 be filed within 72 hours after death

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGTENE

CERTIFICATE OF DEATH

| - 1 | | REGISTRAR | | | | CLICITI | CHIL OI D | | REG. | NO | | | |
|-------|---------------|---------------------------|--------------------------------|---------------------------|-------------------|------------------|-----------------|--------------------|----------------------------|----------------|--------------------------|-------------|----------|
| 14 | 1000 | EASED NAME | FIRST | | MIDDLE | L/ | AST | | 20 DATE OF DEATH | MONTH | DAY YEAR | 26 HOU | R |
| Ĭ | Leav a E | OR PRINT) | MicH. | AEL | JOSEPH | 0' | SHEA | - | | 007. | 9 1987 | 11: | 43 M |
| | 3 SEX | (| | 4 RACE | | 5 DATE O | F BIRTH | | 6 AGE (IN YEARS LAST ! | BIRTHDAY | IF UNDER LYEAR | HOUR! | Z I HERY |
| | | 5 | PALE | CAUCAS | SIAN | Shirt Shirt | 21 | OS | 82 | YRS | | 1,00% | ,,,,,, |
| 7 | | | TE OR FOREIGN | 76 CITIZEN O | WHAT COUN | TRY? 8 | D NEVERM | ADDIED [| 9 BALTIMORE CITY | OR COUNT | Y OF DEATH | | |
| 4 | | ELAND | | USA | | WIDOWE | | ORCED | mon | 100 | mery | | MD |
| - | 10 CI | TY OR TOWN O | FDEATH | | HOSPITAL, NU | JRSING HOME C | ROTHER INST | TUTION | 120 USUAL OCCUPA | | | | |
| X | Di | werp | ring | 140 | Ly C | Loss | 400 | wal | FOREMAN | | NATL | | LOAD- |
| | 13a S | AL RESIDENCE (| 113b COU | NTY | 13 CITY OR | | 134 INSIDE C | TY LIMITS? | 130 STREET ADDRESS | | ING C | | 0./ |
| 1 | | RYLAND | MON: | I'GOMERY | SILVE | R SPRING | YES | NO [| 1306 MORN | INGSTI | DE DRIVE | 209 | 04 |
| 1 | 14 FA | THER'S NAME | , | MIDDLE | O L CITE | | | IZABET: | | | D A D D | INGT | ON |
| 1 | (1)4 | MICHAE | | DHED FORCES | O'SHEA | SECURITY NO. | 17 INFORMAT | | | DRESS | DAKK | INGI | ON |
| | 188 VV | NO OR UNKNOW | VN) (IF YES G | IVE WAR OR DATES) | 081-10 | | | | CARTHY/DAU | | SAME AS | 13 | |
| | | | | | | | LLILLAD | LIII IIO | CARTITI / DAG | GILLIN | | IMATE INTER | RVAL |
| | | 18 CAUSE OF PART I DEA | DEATH Enter of ATH WAS CAUS | inly one cause p ED BY | n | | · Lon | c. 200 | fre | | BETWEEN | onset and | DEATH |
| | | | IMMEDIA | ATE CAUSE (o)_ | Cara | 10 Vas | | au | 1100 | | | | |
| | | | | DUE TO. | OR AS A CONS | EOUENCE OF | | al | in tope of | 1. | | | |
| | | Conditions, if | | (b)_ | adul | · mye | مريم | | 26 100 9 | 20-44 | | | |
| V | | couse a. | | DUE TO. | OR AS A CONS | EQUENCE OF | in to | esel | · diseas | ٠. | | | |
| | | | | 1c) <u>C</u> | | school | | | | | 0.51.01.04.07.1 | | |
| | Z | PART 2 OTHER | RSIGNIFICANT | CONDITIONS | CONTRIBUTING | O DEATH BUT | NOT RELATED | TO THE TERM | inal disease or co | INDITION G | IVEN IN PART I | a | |
| 1 | CERTIFICATION | 190 DATE OF C | PERATION | 196 CON | DITION FOR W | HICH OPERATIO | N WAS PERFO | RMED | 200 AUTOPSY? | | ES, WERE FINDI | | |
| 2 | TIFIC | | | | | | | | YES NO | 7 | TIFYING CAUSES YES [] | NO [| |
| 1 | CER | 210 ACCIDENT W | | | OF INJURY | DAY VEAD | 21c HOW IN. | JURY OCCURE | RED LENTER NAT RE OF IN | VURY IN ITEM I | 8 PART OR PART 2 | | |
| p. P. | | | G CAUSE OF D | | P.M | DAY YEAR | | | | | | | |
| | MEDICAL | 21d INJURY O | | 21e PLAC | E OF INJURY | | 21f LOCATIO | N | (ITY OR | IOWN | COUNTY | | LATE |
| | ¥ | WHILE AT WORK | AL WORK | (AT HOME | STREET FACTORY OF | FFICE FARM ETC) | PINEEL | | () | | | | |
| | | | | pital) attended | the deceased f | rom198 | 4 | . 19 | to 10/ | 9 | 1986 | that I (| we) last |
| | | | eceased alive a | in 10/9 | dy after death | 1907. 01 | nd that in (my) | (our) opinion | death accurred on the | date and h | our and from the | causes st | ated |
| | | 12h SICHATUI | | / A | t dite: death. | | DEGREE | | / | | 22c DATE | SIGNED | - |
| | | TON | gluy. | How | a | M | | TTENDING PHYSICIAN | MEDICAL ST DIRECTOR PHY | SICIAN [| 10/ | 9/8 | 7 |
| 1 | | 22d H SICIAI | NAME (TYPE | Off Artel 1 | | | 22e ADDRES | | | | | 1 | |
| | | JOSEP | H M. SO | LINAS | | | 9801 (| GEORGIA | AVENUE SI | LVER | SPRING, | MD | |
| | | BURIAL, CREMA | | | | 23c NAME OF C | | | 23d LOCATION | | | | |
| | | SPECIFY) BUR | IAL | OCT13 | ,1987 | GATE OF | HEAVEN | CEM | SILVER | PRING | MONTGOM | IERY | MD |
| | 24 FL | UNERAL DIRECT | | | COLLINS | - | | | E REC D. BY REGISTR | AR 206 REGI | STRAR'S SIGN | URE | _ |
| | 50 | O ÜÑIVE | RSITY B | LVD W S | ILVER S | PRING, M | D 20901 | U.C. | T 1 4 1987 | June 4 | Davidson-M | | |

DHMH 16 60M 7 84 (VRA 15, 4)

TO HOSPITAL

BP.

IMPORTANT: If Item 21 is morked on Item 18 shows any injury, or other troumatic event, the medical TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and c should be detached for use as the busiol-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to busiol, cremation, or removal.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

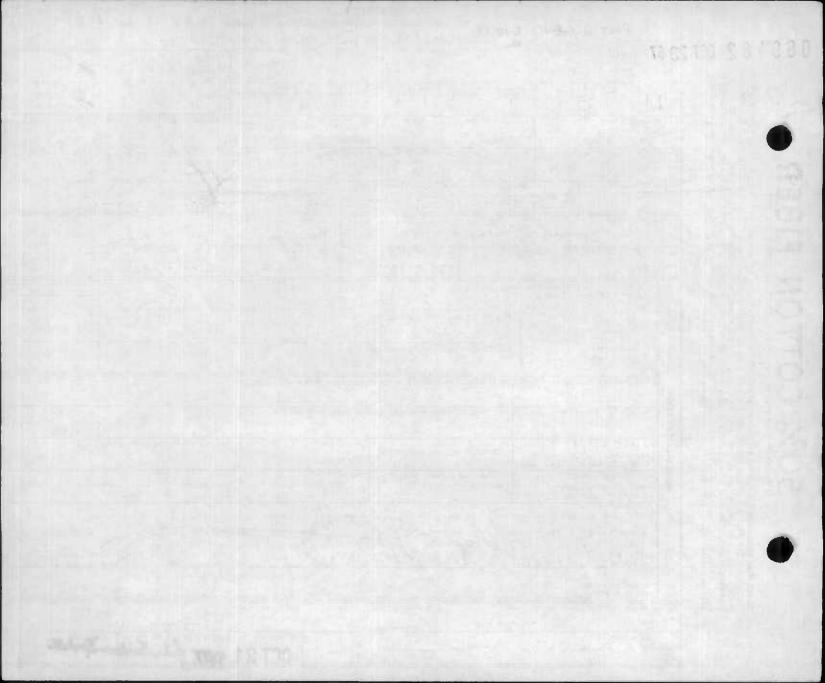
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| 00 | 712 | FOR 23 ESITTRAR | | | CERTIF | EALTH AND MENTAL HYO | REG N | | 1 | 9 |
|----|---------------|--|-------------------------------------|--|-------------|----------------------------------|----------------------------------|----------------------|-------------------------|--------------------------------|
| | | ECEASED NAME FIRST | | MIDDLE | | AST | 20 DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR |
| ı | | Ann | | E | Ower | | | 10 11 | 81 | 10.39AM |
| | 3 SE | | 4 RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST B | RIHDAY) IF UN | DER I YEAR | IF INUER , 4 HR |
| | | Female | Black | | June | = 16°, 19°16 | 71 | YRS | | |
| _ | 7a Bi | IRTHPLACE (STATE OR FOREIGN COUNTRY) | | WHAT COUNTRY? | 8 MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY OF I | DEATH | |
|) | | MD | | SA | WIDOWE | DIVORCED | MONTG | OMERY | | MD. |
| 4 | 10 C | ITY OR TOWN OF DEATH | 11. NAME OF I | HOSPITAL, NURSIN THE FACILITY, GIVE STREET. | IG HOME (| OR OTHER INSTITUTION | 120 USUAL OCCUPAT | | LE KIND OF | BUSINESS OR |
| 1 | | Bethesda | Sub | urban Ho | ospit | tal | Housew | ife | | |
| | 13a S | AL RESIDENCE (IF NURSING HOMI STATE 136 CC | or other institution in the conty | Rockvi | N | 13d INSIDE CITY LIMITS? | 7807 SC | / ZIP CODE otland | Dr./ | 20854 |
| 1 | 14. FA | ATHER'S NAME | MIDDLE | LASI | | 15 MOTHER'S MAIDEN NA | ME | | | |
| he | | Charles | Moore, | Sr. | | Ro | sie Dorse | У | LAST | |
| | | WAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES | ARMED FORCES? GIVE WAR OR DATES) | 166 SOCIAL SECU 215-20 | | William O | wens (son | 819 Tal) Potom | lyho | Trail MD 2085 |
| | | 18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU | only one couse per ISED BY. | line for (0), (b), one | | ALULL | | - | APPROXIMA BETWEEN ON | ATE INTERVAL NSET AND DEATH |
| 2 | ATION | Conditions, if ony, which gave rise to immediate couse lost stating the underlying couse lost PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION | T CONDITIONS CO | URC, | DEATH BUT | NOT RELATED TO THE TERM A B CTCS | NINAL DISEASE OR CON TYPE I V | IDITION GIVEN IN | | |
| 7 | CERTIFICATION | | | | | | YES NO | IN CERTIFYING | CAUSESO | PF DEATH? |
| 1 | MEDICAL CE | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) | | M MONTH DA | Y YEAR | 214 HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | IRY IN ITEM 8 PART 1 | OR PART . | |
| | MEDI | 21d INJURY OCCURRED WHILE NO WHILE ALWORK | 210 PLACE (| OF INJURY EET FACTORY, OFFICE FA | ARM ETC } | 21f LOCATION STREET | (ITY OR TO | OWN . | CUNTY | -IATE |
| | | sow the deceased all above, (I) (we) (did) (unit | spital) attended the | -4 198 | | d that in (my) (our) opinion | , to | ote and hour and | | at (Liwe) lost |
| | | 226 SIGNATURE | | | | | MEDICAL STA | FF | 10/12 | GNED 187 |
| | | 22d PHYSICIAN'S NAME TIYE | E OR PRINTI | | | 22e ADDRESS | | | - 1 | |
| | | Joel L. | Goozh, | M.D. | | 4701 Rand | olph Rd., | Rockvi | lle, | MD |
| | | BURIAL, CREMATION, REMOV. | AL 236 DATE | 23€ N | IAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | | |
| | (| Burial | 10-16 | -87 Res | st Ha | aven Mem. G | dns Frede | rick,Fr | ed., | MD |
| | 24 FL | UNERAL DIRECTOR | | | | 25a DAT | E REC D. BY REGISTRAR | | | ₹E |
| | | George R. S | nowden | Rockvi | lle, | MD 20850T | 1 9 1987 4 | lia Divides | n. Pard | 444 |

DHMH 16 60M 7/84 (VRA 15, 4)

BP.

| | | 1- | FOR PART 2 | G640 (| -10-55 | EPARTMENT (| | | | | 07 | |
|------------------------------|--|---------------|--|---------------------------------|---------------------|---|---------------------------------|------------------------|----------------|---------------------------|--------------------|---|
| 1694 | 8 2 DET 1 | | REGISTRAR ASED NAME | | MED | MICAL EXAM | INER'S | ERTIFICATI | E OF DEA | REG I | | |
| 0 0 0 1 | | TYP | E OR PR N | Donald | | M. | C | wens | | OF ESTI DEATH MATED | | 17/ ₉ 87 |
| | ARY, PLEASE DIRECTOR COUR FILES. 172 HOURS | 3 SEX | M E | 110 | TE OF BIRTH | 52 6 AGE I | (THDAY) MONT | HE DAYL HOUR | | PRONOUNCED DEAD | MONTH 10/ | 17/ ₉ 87 2d HOUR 17/ ₉ 87 2.07 |
| | S NECESSAI FUNERAL S FOR YO D. WITHIN | | RTHPLACE (STATE OR REGIN COUNTRY) | 7b C | U.S.A | | | IED NEVER M. | ARRIEDX. | Montgo | or county | |
| 1 | DAY IS NOTHEFU PAGE 5 E FILED. | 10 CI | TY OR TOWN OF DE Bethesda | (3 | F NOT IN SUCH FAC | TTAL, NURSING HO | OME OR OTH | | 12a USU | AL OCCUPATION (T | YPE OF WORK 12b | OR INDUSTRY |
| 21201 | ND 3 TO | USUA 130 S | L RESIDENCE (FINA | | P INSTITUTION, GIVI | | N | 13d INSIDE CITY LIMIT | 152 13e STRE | Tech | | VH. |
| | # 5 € 5 € 6 € 6 € 6 € 6 € 6 € 6 € 6 € 6 € | | THER'S NAME | rnard L. | ott | LAST LAST | 11.112 | YES NO | AIDEN NAME | Ol Olson S | | 18 |
| BALTIMORE, MD. | 885 88 - | | VAS DECEASED EVER | | ORCES? | 16h SOCIAL SECU | JRITY NO. | Barbar 17 INFORMANT | a | C. | Owens 20 | 0748 |
| SALT | 1524 | | MO | | | 578 72 2 | 2319 | Barbara | C. OWE | ens 2301 O | | |
| RECORDS, 201 W. PRESTON ST., | BE EXECUTED WITHIN 24 HC SIDING" IN PENCIL IN ITEM SENCIAL EXAMINER ACONG SENCIAL TRANSIT FERM ITH AND MENTAL HYGERA PENATION, OR REMOVAL. | N. | Conditions, if gave rise to cause (a) stating lying cause lost | immediate g the <u>under</u> | (c) DUE TO, OR A | AS A CONSEQUEN CTERIOSCI AS A CONSEQUEN | CE OF erotic CE OF | | ascular | Disease | | |
| VITAL REC | SAL CA | CERTIFICATION | 190 DATE OF OPER | | | ON FOR WHICH O | PERATION V | AS PERFORMED? | | | | 20 AUTOPSY? |
| DIVISION OF V | ITHICATE SHOOT TO THE WORLD BE IN THE WORLD BE | | 210 EXTERNAL CAU UNDERLYING CONTRIBUTING | OR | | | EAR | OW INJURY OCCL | JRRED LENTER N | ATURE OF INJURY IN ITEM I | 8 PART OR PART 2 | K 5. |
| DIVISIO | WREDED 1 WREDED 1 AGE 3 SH ATE DEPA | MEDICAL | 21d INJURY OCCUR WHILE NOT AT WORK AT V | | | FINICITY (ATHON) | | CATION | | CITY OR TOWN | COUNT | Y STATE |
| • | TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE POW TO FUNERAL DIRECTOR AFTER DEATH, WITH HERS BALTIMORE, MARYLUND | 2 | ACTUAL SIGNATURE EXAMINER'S NAME | united | 1/8 | nyth, M.D | Mu | TITLE SPECIFY | ant_medi | CAL EXAMINER | DATE STONED_ | 10/20/87 |
| | TO MEENECU PAGE TO FU AFTER BALTIN | 230 BI | (TYPE OR PRINT) | | | | | ADDRESS 11. | | St., Balt | 0., Ma. | 21201 |
| 07 84 25M | BP | B | urial Urial Uneral Director | | 24/87 | Harm | | | ATE REC'D. BY | Landove | | STATE |
| | DHMH 17 (VR A15 ME (5)) | | es A. Mort | ton & Son | s 1701 | | 4 | 01 | CT 2.1 | 1007 Julia | Davidson- | Mondelli |



led in by the funeral director, page 3.C. Id be filed within 22 hours ofter death

FOR - STATE

STATE OF MARYLAND DEPARTN

| LENT OF | HEALTH | AND | MENTAL | HYGYENE | 6 | |
|---------|---------|-----|--------|---------|---|-------|
| CERT | IFICATI | OF | DEATH | | | REG 1 |

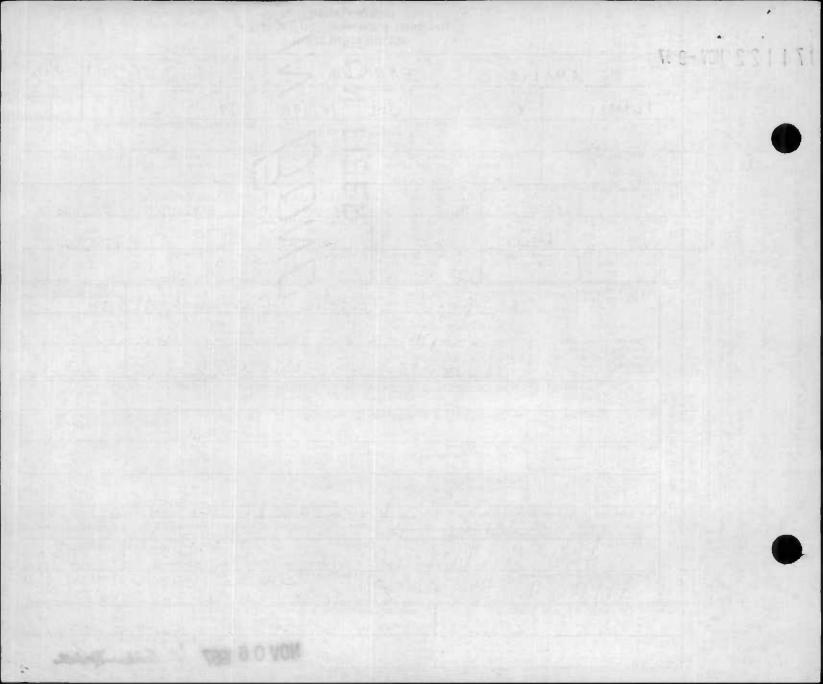
| | CEASED NAME FIRST | MIDDI | | LAST | 20 DATE OF DEATH MONTH | C 1067 26 HOUR |
|---------------|--|-----------------------|---------------------------|--------------------------|--|--|
| | AMA | | | DILLA | OCT . 2 | 0,1901 8.7 |
| 3 SEX | | 4 RACE | 1 40 | E OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | MONHO DATE HE RE MAN |
| | FEMALE | (| | MLY 14, 1903 | 84 YRS | |
| | IRTHPLACE COLATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHA | AT COUNTRY? | RIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNT | Y OF DEATH |
| _ | UERTO RICO | | WIDO | WEDXX DIVORCED | MON' | TGOMERY |
| 10 CI | ITY OR TOWN OF DEATH | | PITAL, NURSING HOM | E OR OTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI | 126 KIND OF BUSINESS (|
| BF | ETHESDA | SUBURBA | N HOSPITAL | | HOMEMAKER . | |
| | STATE LIB URSING HOME O | | RESIDENCE BEFORE ADMISSIO | 113d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP COD | F |
| MA | ARYLAND MONT | | ETHESDA | YES NO | 0 | AVENUE 20817 |
| 14 FA | ATHER'S NAME | WIDDIE | LAST | 15 MOTHER'S MAIDEN NAM | ME MIDDLE | LAS1 |
| | | NICETO | PABON | GREGORIA | MIDDLE | FIGUEROA |
| 160 V | WAS DECEASED EVER IN U.S. AL | | SOCIAL SECURITY NO | | UGHTER ADDRESS | |
| | NO | | 58-24-6716 | | CRICK/SAME AS 13 | |
| CERTIFICATION | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION | CONDITIONS CONT | | CENE 270 | INCERTI | VEN IN PART 1:0 S. WERE FINDINGS USED THE SET OF THE S |
| MEDICAL CERT | 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED | ATH HOUR A.M. | MONTH DAY YEA | AR | ED (ENTER NATURE OF MURY IN HEM 18 | PARI ()R PARI 2) |
| ME | WHILE NOT WHILE AT WORK | | ACTORY OFFICE FARM ETC.) | | HTY OR TOWN | JIAT YIN |
| | | | 1 | | | - |
| | 22a I certify that (I) (this hosp saw the deceosed alive or above, (I) (we) (did) (did no 22b SIGNATURE) | 1017 | 8 19 | . DEGREE | death occurred on the date and ha | ond from the causes stated ON 221 DATE SIGNED |
| 23o B | saw the deceased alive or above (1) (we) (did) (did no | DI View the body ofte | r death. 19 | DEGREE | MEDICAL STAFF WAS DIRECTOR DIPESTOR DIPESTOR DIPESTOR DIPESTOR DIPESTOR DIPESTOR DIPESTOR DIPETTOR DIP | ond from the causes stated |
| | saw the deceosed alive or obove. (1) (we) (did) (did no no no no no no no no no no no no no | DI View the body ofte | death, 19 | DEGREE NDING ICIAN I | MEDICAL STAFF WAS DIRECTOR PHYSICIAN | ond from the causes stated ON 222 DATE SIGNED ON 2017 ON 2017 MD 2087 |

BLVD W SILVER SPRING, MD 20901

DHMH - 16 60M 7/84 (VRA 15, 4)

UNIVERSITY

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other troumotic event, the m 10 FUNERAL DIRECTOR, after this certificate has been signed by the ottending physicion (should be detached for use as the buriol-tronsit permit. Then please remove carbon papers. Provide the State Dept of Health and Mental Hygiene prior to buriol, cremation, ar removal.



STATE OF MARYLAND

3 0 0 7 3

| Н | 13 | GISTRAR | | | CEKTIP | ICATE OF DE | AIH | REG. NO | | | |
|----|---------------|--|------------------|-------------------------------------|-------------|---------------------|---------------------------------|-------------------------------------|----------|------------------------------|------------------------------------|
| | I DEC | EASED NAME FIRST | | MIDDLE | l | AST | | 20 DATE OF DEATH MONTH | н () | DAY YEAR | 26 HOUR |
| | TYPE | OR PRINT) SHEILA | MARY | | PADU | LA | | OCTOBER 5, 19 | 87 | | 11:15Bu |
| | 3 SEX | (| 4 RACE | | 5 DATE C | | | 6 AGE (IN YEARS LAST BIRTHDAY) | | IF NEER FEAR | IF UNDER JAMES |
| | | FEMALE | WHIT | | JUNE | 29 ^{DAY} 1 | L9 38 | 49 | rrs. | DATE DATE | HOUR MIN |
| 9 | | RTHPLACE ATE OF FOREIGN | 16 CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | NEVER MA | RRIED - | 9 BALTIMORE CITY OR CO | UNTY | OF DEATH | |
| | | Mass. | 0.0.1 | Ω.• | WIDOWE | | ORCED | MONTGOMERY (| COUN | YTY | MD |
| pr | 19/ CT | TY OR TOWN OF DEATH | | HOSPITAL, NURSING | | R OTHER INSTIT | UTION | 120 USUAL OCCUPATION | INC LIEE | | F BUSINESS OR |
| 1 | | ETHESDA | NIH, T | HE CLINIC | AL CE | NTER | | Secretary | | | ruction |
| Š | 13a S | | | 136 CITY OR TOWN FRANKLIN | | YES X 1 | Y LIMITS? | 3 Lincolnwo | | Dr. | 02038 |
| 1 | 14 FA | THER'S NAME | MIDDLE | 1451 | | 15 MOTHER'S | MAIDEN NAM | MIDDLE | | LAS | |
| | | William | | padoni | | | irgare | | | Logar | |
| è | | AS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SECUI | RITY NO | 17 INFORMAN | | ADDRESS | | 20.50.1 | |
| 5 | (4 | NO NO OKUNKNOWNI I I WES GIV | E WAR OR DATES) | 020 30 | 0670 | JOHN R. | . PADUI | LA, HUSBAND | | (SAME |) |
| - | | 18 CAUSE OF DEATH Enter on | ly one cause per | line for ial, (b), onc | ıc | | | | | BETWEEN | MATE INTERVAL |
| | | PART I. DE ATH WAS CAUSE IMMEDIAT | E CAUSE (a) | HYPOTENSI | ON AN | D HYPOX | EMIA | | | 1 | DAY |
| | | Conditions, if any, which | | r as a conseque MUCORMYCO | | | | | | 1 | WEEK |
| | | couse ia stating the underlying couse last | DUE TO, O | r as a conseque 5 q MYEL | | LASTIC | SYNDRO | ME | | 7 | YEARS |
| | NOI | PART 2 OTHER SIGNIFICANT C | ONDITIONS CO | ONTRIBUTING TO D | EATH BUT | NOT RELATED T | O THE TERMI | nal disease or condition | n Give | N IN PART TO | 1 |
| 1 | CERTIFICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORA | MED | | | , WERE FINDIN (ING CAUSES | |
| - | | 210 ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA | TH HOUR A. | de injury M. Month Da M | Y YEAR | 216 HOW INJU | JRY OCCURRE | ED (ENTER NATURE OF INJURY IN ITE | M IB PA | ART JRPART | |
| | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE | OF INJURY REET FACTORY OFFICE FA | RM ETC) | 211 LOCATION | | CITY OR TOWN | | COUNTY | TATE |
| | | 22a I certify that A (this hosping saw the deceased alive on above, X (we) [did] [dix A) | oCTOBE | | | MBR 15 | 19 <u>87</u> iur) opinion di | to OCTOBER 5 | d hour | ond from the | that it (we) last couses stated |
| | | alan G.T | D. Hoff. | man, MD | > | PH | TENDING TYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | / | Oct DATE: | 6, 1987 |
| | | ALAN G. |). HOF | | | | CKVILL | NAL INSTITUTES LE PIKE, BETHE | | | H 20892 |
| | 23a B | URIAL, CREMATION, REMOVAL Burial | Oct 1 | | | Mary's | | 23d LOCATION Frankli | n, | Mäss. | 11416 |

DHMH 16 60M 7/84 (VRA 15, 4)

Ives-Pearson F. H. Arlington, Va.22201

OCT 09 1987 A Devider Andree

COST STORES

Chin G.D. Hoffen, HT. ALMAN G.D. HETCHAN

| 005- | 1 | | FOR | | DEPARTMEN | T OF HEALTH AND MEI | NTAL HYGIENE | 1 3 | 0 0 | 1 | 4 |
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| 2 | ET SS. | 11.7 | Leon | boro | w. | tage | | OF ESTI- | 101 | 5,987 | 8 M |
| 7 3 | HOUTE STREET | 3 SEX | | 5 DATE OF BIRT | | BIRTHDAY | | DATE RONOUNCED | MON'H | 45 87 | 78 HOUR |
| × × | AL DIR YOUR YOUN | | ala Black | ١ 20 | 0 | YRS | | DEAD | (0 1: | 19 | 0 M |
| ESS | OV OV JINES | | RTHPLACE (STATE OR REIGN COUNTRY) | 16 CITIZEN OF | WHAT COUNTRY? | MARRIED NEVE | ER MARRIED X | BALTIMORE CITY | OR COUNTY O | FDEATH | |
| Z. | 20 3 | 10 CI | Y OR TOWN OF DEATH | UI. | S.H. | WIDOWED L | DIVORCED L | AL OCCUPATION (IN | 01111 | KIND OF BUS | MD |
| AY IS | IOPR | R | ock ville | | FACILITY GIVE TREET A | | tosp 71 | OPMODIO | | OR INDUSTR | |
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| AOR DE | 888 | | | AED FORCES? | 166 SOCIALS | ECURITY NO. 17 INFORMA | ANT | ADDRES | S | | 1 |
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| NW | HE FE | | death resulted fram: Natur | al causes | Accident . | Suicide . Hamicio | de Undeter | mined manner | | | |
| | WAR WAR | | ACTUAL X | - 0 | 0. | TITLE (SPE | ECIFY) | | DATE | 15-16 | - |
| 3 | SEAT SE | | SIGNATURE | Ca. | A DE LA COLOR DE L | M.D. active See | MEDIC | AL EXAMINER | SIGNED_ | | 0 |
| WED | SE PENT | | EXAMINER'S NAME (TYPE OR PRINT) | sh wit | 10 mbe | ADDRESS | 218 w | SE CON 111 | | | 7 |
| 01 | EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALUMORE, MARYLAND, 2 | 23a B | JRIAL, CREMATION, REMOVAL 2 | 36 DATE | 23c NAME | OF CEMETERY OR CREMATOR | | ATION | COUNTY | STA | ATE |
| 07 84 | BP | | Burial | 10-22-87 | Rock | Hill Cemetery | | | <i>J</i> irginia | | |
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| (\ | /R A15 ME (5)) | G | eorge R. Snowde | n Rock | ville, M | 20850 | 01 4 0 10 | 6.5 | | | |

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ne funeral director page 3 within 72 hours ofter death

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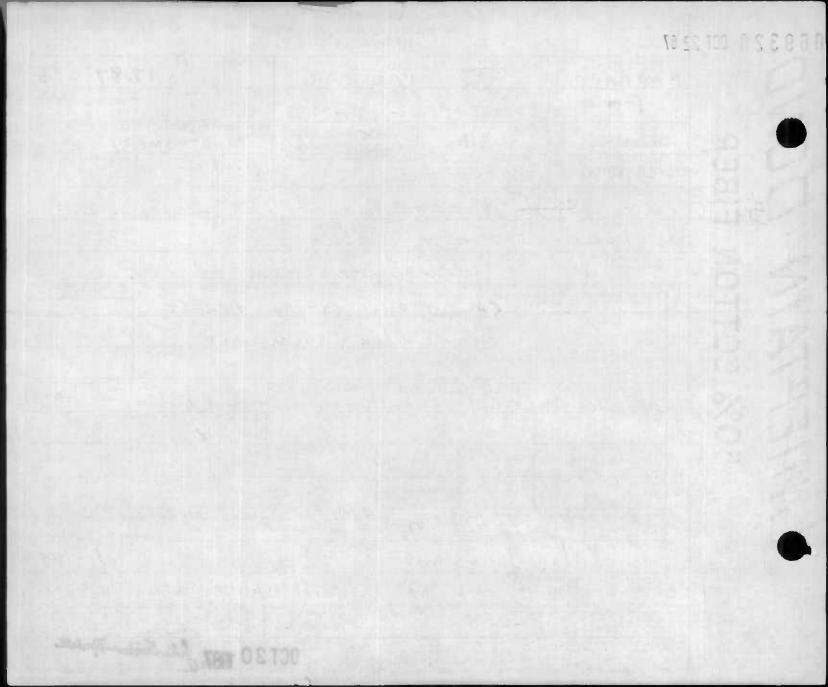
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DIVISION OF VITAL RECORDS TO W PRESTON ST. BATTIMORE, MARYLAND 21201

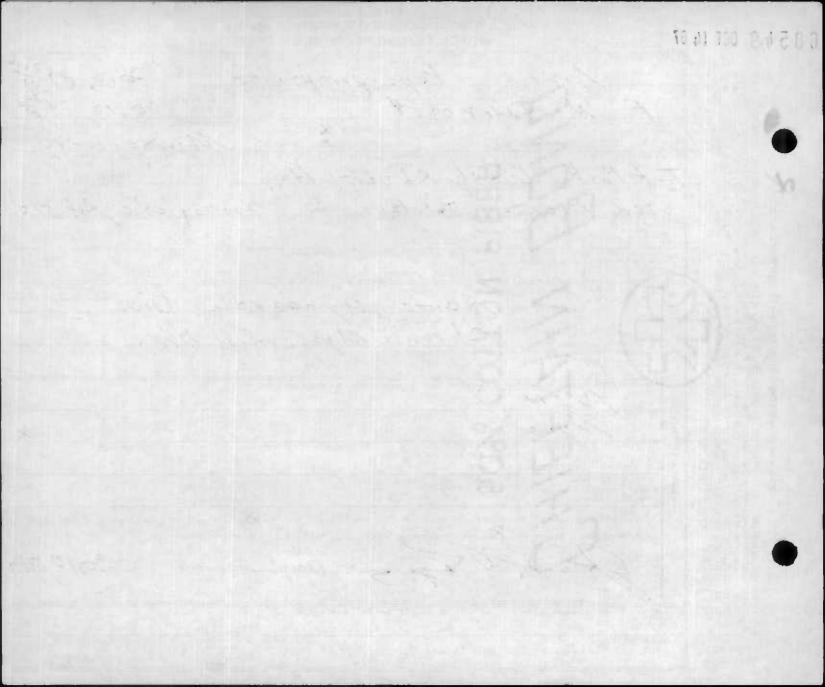
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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| | | FOR | | E OF MARYLAND EALTH AND MENTAL HY | GIENE 3 0 | 0 / 0 |
|---|---------------|---|--|--|---|--|
| 8549 OCT 14 | B7- | STATE REGISTEAN | MEDICAL EXAMINE | R'S CERTIFICATE OF | DEATH REG NO | |
| \$848E | (194 | MARIA M2Vix | 1202 | YROPOULOS PYVO POW | 20 DATE KNOWN OF ESTI | 3410 9 P 3 M |
| SARY, RIE NOUR FINANZ HO NOUR FINANZ HO STRING | 3, 56) | S DATE OF B | IRTH DAY YEAR A TRIS ANY DE WHAT COUNTRY? | MONTH DAYS HOURS | PRONOUNCED DEAD | COUNTY OF DEATH |
| 日葵草草 | | Romania USA | | MARRIED X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XX 1 | COOKIT OF DEATH |
| NAME OF THE PERSON OF THE PERS | 7 | | | OR OTHER INSTITUTION | 20 USUAL OCCUPATION (TYPE) FOR MOST OF WORKING LIFE HOUSEWIFE | WORK 126 KIND OF BUSINESS OR INDUSTRY Own car |
| ANN DE LES PROPERTOR PROPERTOR DE LES PR | Isu, | TATE 13b COUNTY | ON GIVE RESIDENCE BEFORE ADMISSION | 13d INSTOE CHY LIMITS? I | 30 STREET ADDRESS HOLOMONICAL | 12 26 516° |
| ON ENTRY | HE F | ATHER'S NAME MIDDLE | LAST | 15 MOTHER'S MAIDEN | NAME | LAST |
| S SERVER PR | 11 | Bukur | Mardale | NO. 17 INFORMANT | unobtainable ADDRESS | |
| LTIM FARENCE | (Y | NAS DECEASED EVER IN U.S. ARMED FORCES? | 213-38-0466 | | | -h 1 (12 |
| A SEA | | 18 CAUSE OF DEATH (Enter only ane couse po | | George rapa | spyropoulos-hus | APPROXIMA E INTERVAL |
| N ST N ST N ST N ST N ST N ST N ST N ST | | PART I DEATH WAS CAUSED BY | Acute | Myoczi | rdiz/ Da | BETWEEN ON ET AND DEATH |
| 2 2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | DUE TO | O, OR AS A CONSEQUENCE OF | 6.1 | 14 1 : 1 | |
| 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 | | Canditions, if ony, which gave rise to immediate | Chronic | Myocaro | Lize DIS. | |
| E BESTELL | | couse (a) stating the <u>under</u> <u>lying cause lost</u> DUE TO | d, or as a consequence of | | | |
| AND AND AND AND AND AND AND AND AND AND | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO | OEATH BUT NOT RELATED TO THE TERMIN | AL DISEASE OR CONDITION GIVEN IN PART | 1 a | |
| 8 H00555 | 20 | 1600 | | | | |
| A LEGAL | CERTIFICATION | 1911 DATE OF OPERATION 196 CO | ONDITION FOR WHICH OPERA | TION WAS PERFORMED? | | 20 AUTOPSY? |
| A MANAGED A | E E | 210 EXTERNAL CAUSE WAS 21b. TIM | ME OF INJURY | Tay HOW BUILDING | | YES NOK |
| HON OF THE WASTINES AND THE WASTINES AND | MEDICAL CE | UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | P.M. 19 | | LENTER NATURE OF INJURY IN ITEM 18 PAR | TIORPART2) |
| DIVIE WARDED PAGE 3 TATE DE 21201 PE | MEC | | ACE OF INJURY (ATHOME IT FACTORY FARM ETC.) | 21f LÖCATION STREET | CITY OR TOWN | COUNTY STATE |
| EXAMINER: CGRTHCATE DULD BE CORTHCATE T DIRECTOR: WITH THE S MARYLAND. | | 270 I certify that I took charge of the remain death resulted from Natural couses | | Autopsy Inspection de Homicide | Undetermined manner , | DATE Sent 10 155 |
| MEDICAL COTE THE SE 4 SHID FUNERAL ER DEATH | | SIGNATURE | 2 | M.D. Jay. | MEDICAL EXAMINER | SIGNED |
| Marie | | EXAMINER'S NAME JOHN | S. Rogers, DM | E 1919 S | eminary Rd. S.S | Md. |
| B A 70 E 3 | 23a B | URIAL, CREMATION, REMOVAL 236 DATE | | TERY OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY STATE |
| U7 84 BP | 24 F | Burial 10-12- | 87 Glenwood | Cemetery 250 DATE REC | Washington , D(| RAR'S SIGNATURE |
| DHMH 17 (VR A15 ME (5)) | Hi | uneral Director nes/Rinaldi Funeral Ho | me 11800 N.H. ilver Spring, | aye., OCT 1 | 3 1987 | Tidon Pulses |



FOR - STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME 20 DATE OF DEATH MONTH 7h HOUR LIVPE OR PRINTS 55 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY WASHINGTON, DC Montgomer WIDOWED 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY SPEC. AGENT D.E. ADMIN 13b COUNTY 13e STREET ADDRESS / ZIP CODE 13123 BEAVER TERRACE MARYLAND MONTGOMERY ROCKVILLE 20853 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MARY JOSEPH DAY PATRICK PARLON, SR. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS 17 INFORMANT 1951-1954 214-28-9227 PATRICIA C. PARLON/WIFE/SAME AS 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Cardio-pulmonary arrest month IMMEDIATE CAUSE (o) CIRRHOSIS Conditions, if any, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? DIVISION OF VIT 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 8 PART OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION LITY OR TOWN (AT HOME STREET FACTORY OFFICE FARM ETC.) ORK NOT WHILE Hugust October 22a L certify that (1) (this hospital) attended the deceased from October 21 saw the deceased alive on October 2 to above, (1) (we) (did) (did poi) view the body after death , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAM OR PRINT) 22e ADDRESS 6246 Montrose Rd Fockville Md Stephen Vaccarezza 230 BURIAL CREMATION REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23h DATE OCT 26,1987 GATE OF HEAVEN CEMETERY SILVER SPRING MONTGOMERY MD 24 FUNERAL DIRECTOR FRANCIS J. COLLINS, JR. DHMH - 16 60M 7/84

500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

(VRA 15. 4)

STATE OF MARYLAND

0 7 0 8 F.7 CC1 20 07 - TO CE 100 T 7 8 0 7 T

| | DEPARTN | NENT OF H | E OF MARYLAND BEALTH AND MENTAL HYD ICATE OF DEATH | TENE / | REG. NO. | 3 / | ġ |
|----------------------------------|--------------------------|-------------|--|-------------|---------------------|-----------------|----------------------------------|
| | MIDDLE | A 1 | AST | 20 DATE OF | DEATH MONTH | DAY YEAR | 2b HOUR |
| | M. | Pas | guale. | Oct | ober 2 | 1987 | 2:20AM |
| RACE | | 5. DATE C | | & AGE (INY | EARS LAST BIRTHOAY) | IF INDER ! YEAR | # UNLUR 24 HW |
| Caucas | sian | MONTH | 09 06 | 80 | YRS | MUNTH, DAYS | HOURE MIN. |
| CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | NEVER MARRIED | 9 BALTIMO | RE CITY OR COUN | TY OF DEATH | |
| US | SA | WIDOWE | D DIVORCED | | Montgome | ery | MD |
| (F NOT IN SUC | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | TYPE OF WOR | CE O WORKING | HE INDUSTRY | OF BUSINESS OR |
| 110.4 | GIVE RESIDENCE BEFORE | ADMISSIONI | | Irave | Secretai | ry NIH | |
| omerv | Silver St | N | 13d INSIDE CITY LIMITS? | | Ordway Di | | 20901 |
| Juery | DIIAGI 9 | TILE | IS MOTHER'S MAIDEN NA | | Oldway Di | Tive | 20901 |
| DOLE | LASI | | FIRST | VIL. | WIOOFE | LAS | st |
| | Loftas | | Ann | | | Tic | kel |
| ED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | | ADDRESS | | |
| THE OF CALLS, | 577-40-7 | 7378 | Matthew R. Pa | asquale | Husband | | |
| one cause per BY CAUSE (0) | right he | | ilure / hyper | kole i | - | BETWEEN 3 | MATÉ INTERVAL ONSET AND DEATH |
| DUE TO, O | r as a conse o ue | NCE OF | / 1 | | | | |
| | mittel ste | | | | | 12. | 7.5 |
|) | | | | | | | |

18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED **IMMEDIATE** Conditions, if ony, which gave rise to immediate cause tal, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

| -ICA | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION | N WAS PERFORMED | 200 AUTOPSY? | | CAUSES OF DEA | |
|--------|---|--|------------------------|--------------------------|-----------------|---------------|------|
| = | | | | YES NOW | YES [| NO [| |
| CALCER | 2)0 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | 21¢ HOW INJURY OCCURRE | D (ENTER NATURE OF INJUR | IN ITEM IS PAR' | PPART | |
| MEDI | ZII INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.) | 211 LOCATION STREET | CITY OR TO | WN | YINUL | LATE |

22a I certify that (I) (this haspital) attended the deceased from and that in (my) touch opinion death occurred on the date and hour and from the causes stated

DEGREE 224 DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSIC IAN

22e ADDRESS MICHAEL LINCOLN, MD

230 BURIAL, CREMATION, REMOVAL 236, DATE 23¢ NAME OF CEMETERY OR CREMATORY Oct.5,1987 Burial Gate of Heaven Silver Spring Montgomery Md. 24 FUNERAL DIRECTOR 250 DATE REC D. BY REGISTRAR 26 REGISTRAR'S SIG Francis J. Collins, Jr.

DHMH 16 60M 7-84 (VRA 15, 4)

MPORTANT

ould be detached for use the State Dept of Hea

BP.

- STATE REGISTRAR OU EASED NAME

emale TO BIRTHPLACE I ATE OF FOREIGN Pennsylvania O CITY OR TOWN OF DEATH Silver Spring

Maryland

14 FATHER'S NAME John 160 WAS DECEASED EVER IN U.S. ARM (YES NO OR UNKNOWN)

No

USUAL RESIDENCE (IF NURSING HOME OR O 13a STATE 113b COUNT

Montg

LIFYES GIVE

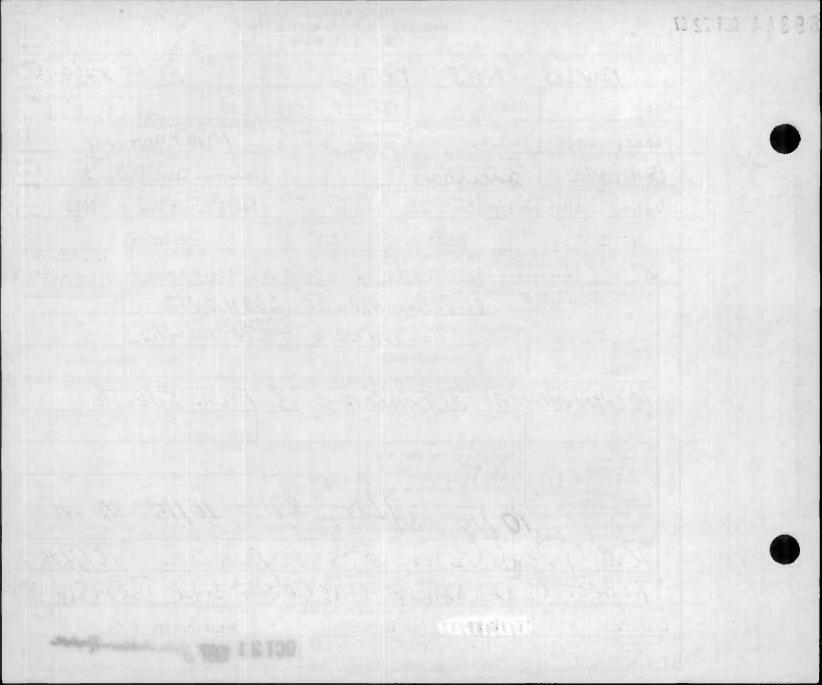
3. SEX

500 University Blva., W. Silver Spring, Md. 2090

OCT 07 98

1170 Rockville Pike; Rockville, Md. 20852

DHMH = 16 60M 7/B4 (VRA 15, 4)



OR ATTENDING PHYSICIAN The law requires that the death certificate be executed within 24 hours after death. Page 4 may be ne hospital or attending physician

etained by the hospital ar

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL

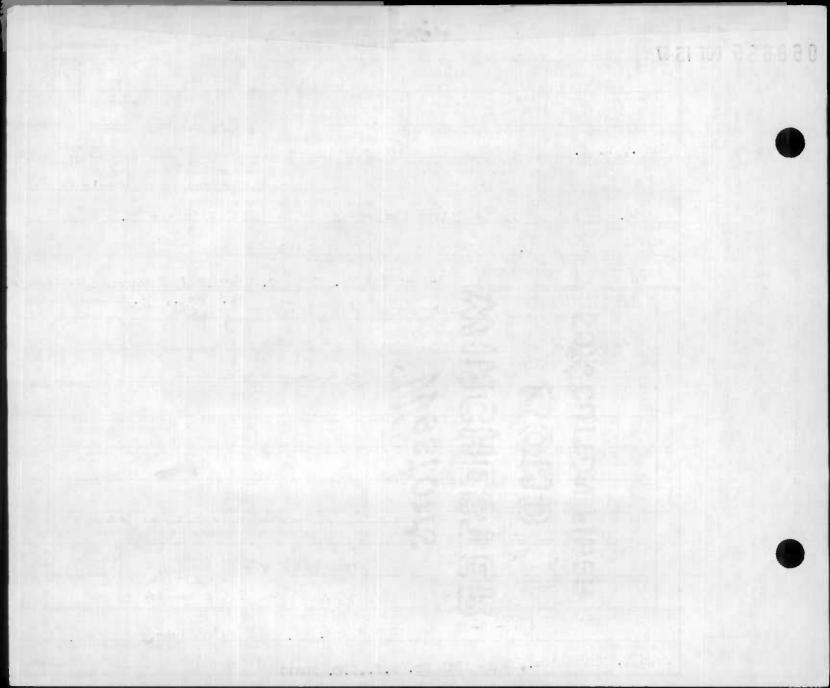
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

30 6 3.0

| | 1- | FOR STATE REGISTRAR | DEPA | | IEALTH AND MENTAL TYYG FICATE OF DEATH | REG. N | | | |
|--------------------------|---------------|---|---|---------------|---|---|------------------------------|-------------|--------------|
| 1 13 | M.I. | CEASED NAME FIRST | MIDDLE | | LAST | | MONTH DAY | YEAR I | b HOUR |
| | | OR PRINT) EVEL | 11110 | Pé | emberton | 10 | -9-8- | 1 | 715PH |
| 3 | 3. SEX | Fernale | 4 RACE BLULL | 5 DATE C | | 6 AGE (IN YEARS LAST BIR | THDAY) IF UN | | HOURS A |
| 0 0 | 7a B1 | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNT | RY? 8 | 5 39 06 | 9 BALTIMORE CITY O | YRS OR COUNTY OF | DEATH | |
| ot of o | | ash., D. C. | USA | WIDOWE | | Montgo | meny C | ouch | 1 |
| Wied | 0 CI | RY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUI | | OR OTHER INSTITUTION | 120 USUAL OCCUPATI | OF WORKING LIFE) | 26 KIND OF | |
| | | | DR OTHER INSTITUTION GIVE RESIDENCE BI | | | Retired | | Gov't | VA |
| E 5 | | Md. | | er Sprin | | | lane Rd. | X07 | 04 |
| gund | 4 FA | THER'S NAME FIRST | MIDDLE LAST | | 15 MOTHER'S MAIDEN NA | MIDDLE | | LAST | 1 |
| 0 / 1 | | Alexander VAS DECEASED EVER IN U.S. AI | | ECURITY NO. | Unkn | OWN ADDRE | ESS | | |
| med | (4 | VES NO OR UNKNOWN) (IF YES, G | 577- | 16-6075 | Mr. Clyde A | Gray/son/ | 606_Pot | omac V | allex |
| njury, or ather traum | NO | Conditions, if ony, which gave rise to immediate couse to stating the underlying couse last | DUE TO, OR AS A CONSE | EOUENCE OF | | | DITION GIVEN I | N PARI I(a | |
| ws dny ii | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WH | TICH OPERATIO | ON WAS PERFORMED | 200 AUTOPSY? | 206 IF YES, WE IN CERTIFYING | | |
| em 8 sho | | 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE | HOUR AM. MONTH | DAY YEAR | ?1c HOW INJURY OCCUR | | _ | OR PART 2) | |
| 5 | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY | FICE FARM ETC | 211 LOCATION STREET | CITY OR TO |)WN | COUNTY | STATI |
| rked | | AT WORK AT WORK | | | | | | | |
| em 21 is morked | | 220. certify that (I) (this hosp sow the deceased plive or | n lo long trended the deceased from long long long long long long long long | 19 5. 1. 01 | nd that in (my) (a) opinion DEGREE | to | ote and hour one | | iuses stated |
| VI: If them 21 is morked | | 270. I certify that (I) (this hosp sow the deceased alive a abave. (I) (wet (did) (did) 270 SIGNATURE | view the body after death | 19 5. 1. 01 | DEGREE ATTENDING PHYSICIAN | | FF | 274 DATE SI | GNED 8 |
| * | | 270. I certify that (I) (this hosp sow the deceased alive a abave, (I) (well (did) (did) | view the body after death | 19 5. 1. 01 | DEGREE ATTENDING PHYSICIAN 270 ADDRESS | death occurred on the | FF CIAN | 271 DATE S | iuses stated |
| MPORTANT: # | | 270. I certify that (I) (this hosp sow the deceased alive a abave. (I) (wet (did) (did) 270 SIGNATURE | or PRINTI | 231 NAME OF C | DEGREE ATTENDING PHYSICIAN 270 ADDRESS | MEDICAL STA | EIN G | 271 DATE S | IGNED G-S |



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYPRENE CERTIFICATE OF DEATH

2b HOUR 29 1987 OCTOBER 7:45 A AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY COUNTY 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR HOUSEWIFE 13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME (UNASCERTAINABLE) 4418 ROSEDALE AVENUE ETHESDA MARVIAND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 20h JE YES, WERE FINDINGS LISED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO T NO YES [216 HOW INJURY OCCURRED (INTER NATIRE OF INJURY IN ITEM 18 PART I OR PART 2 and that in Imy) (our) apinion death accurred on the date and hour and from the causes stated

DEVEASED NAME LAST FIRST MIDDLE ANN POLLACK 4 RACE FEMALE

U. S. A.

5. DATE OF BIRTH WHITE

DECEMBER" 18.1899 76 CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED WIDOWEDXX

YES 1

DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

MANOR" CARE NURSING HOME

REBECCA

14 FATHER'S NAME ISAAC PSI

NEWRYORK

WHEATON

REGISTRAR

TO BIRTHPLACE I ATE UN FOREIGN

IN CITY OR TOWN OF DEATH

MIDDLE

GREENBAUM

166 SOCIAL SECURITY NO

17 INFORMANT

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

076-26-2688

Conditions, if ony, which gove rise to immediate cause 10), stating the underlying couse last

19a DATE OF OPERATION

DUE TO OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTIFY MEDICAL EXAMINER

21h TIME OF INJURY HOUR AM. MONTH DAY YEAR

21e PLACE OF INJURY

211 LOCATION

21d INJURY OCCURRED WHILE NO! WHILE

18 CAUSE OF DEATH (Enter only one cause per line of PART I DEATH WAS CAUSED BY

AT HOME STREET FACTORY OFFICE FARM ETC)

220 I certify that (1) (this hospital) attended the deceased from sow the deceased al

224 PHYSICIANS NAME LTYPE OF PRINT

22e ADDRES

PHYSICIAN DIRECTOR PHYSICIAN 2309 SHOREFIELD ROAD

DR. MYRON L. LENKIN. M. D. 230 BURIAL CREMATION REMOVAL BURTAI

11/1/1987

231 NAME OF CEMETERY OR CREMATORY BETH ISRAEL CEMETERY

DEGREE

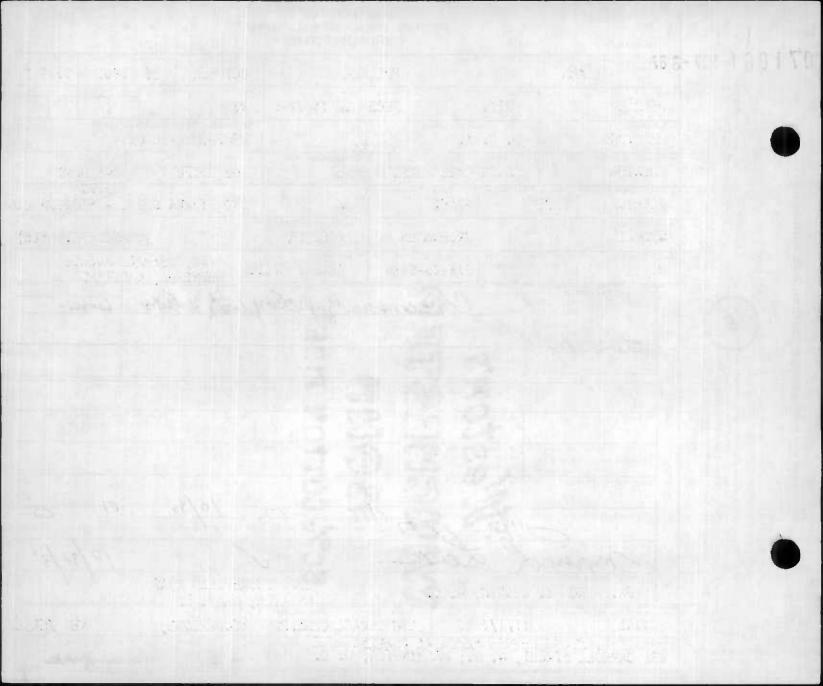
WOODBRIDGE

MARVIAND

DHMH 16 60M 7/84 (VRA 15. 4)

24 DONALDREMOR STEIN HEBREW 232 CARROLL STREET. N. W., WASHINGTON, D. C.

TRAR 256 REGISTRAR'S SIGNATURE ina Deviden ponde



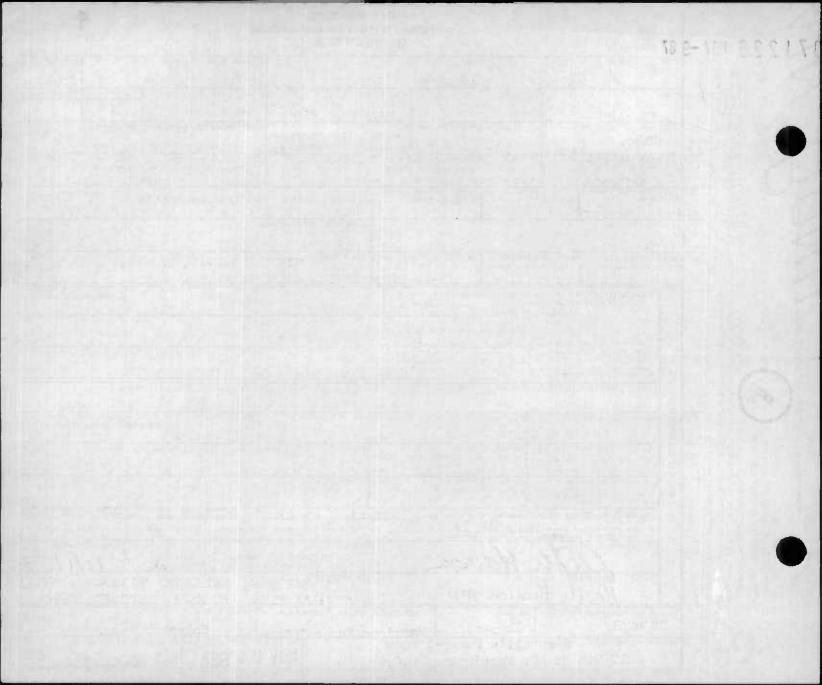
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO STATE OF PRINT 20 DATE KNOWN TL 26 HOUR ESTI-198 23 DEATH MATED 1 William 4 RACE 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2c DATE 2d HOUR MONTH LAST BIRTHDAY) PRONOUNCED 123 10 07 80 DEAD 19 A M 76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) ask DIVORCED [WIDOWED O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS SUPERV. OF OPERATORS NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 20705 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES NO 30 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST **GEORGE** LENZ MARY Ε. COLLINS 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 577-01-1613 ROBERT J. POLLACK, SR./HUSBAND/SAME AS 13 18 CAUSE OF DEATH (Enter only one cause per line for (p BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 190 DATE € 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY IF LOCATION WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinion death resulted fram: Accident 2 Homicide Natural causes Suicide Undetermined manner TITLE (SPECIFY) ACTUAL JOHN S. ROGERS ADDRESS SEMINARY CTYPE CHOPRINT ROAD SILVER SPRING, MD 20 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION OCT13,1987 BURIAL CEDAR HILL CEMETERY SUITLAND PRINCE GEORGES MD FRANCIS J. COLLINS, JR. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) 500 UNIVERSITY BLVD W SILVER SPRING, MD 20901 15M 7/77

1667 10 07 15 27

FOR STATE REGISTRAR

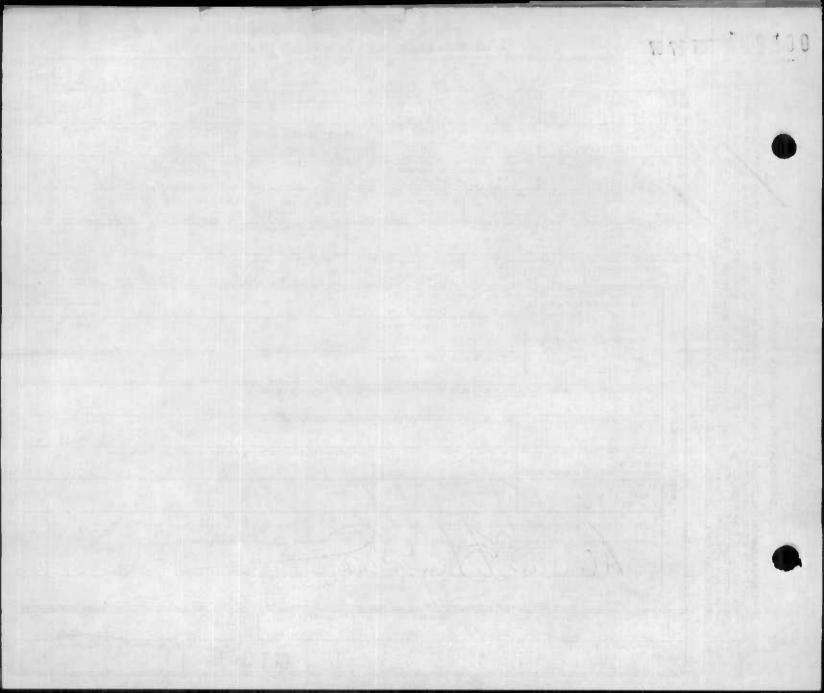
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| JA -C | 1 67 | REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG. N | 10 | | | | |
|---------------|--|---|--|--------------------------|--------------------------|-----------------|---|---|-------------------------------------|--------------|--------------|--|--|
| ,,, | 1 DE | CEASED NAME | FIRST | | MIDDLE | ı | AST | 20 DATE OF DEATH | | Y YEAR | 2b HOUR | | |
| | (TYP | OR PRINT) | NINE | M | ARGUERITE | D | OTVIN | OCTOBER 31 | . 1987 | | 2:45a | | |
| 1 | 3 SE | | | ACE | RGUERLIE | 5 DATE C | Name of the Party | 6 AGE IN YEARS LAST BH | | UNDER : YEAR | IF INDER :4 | | |
| / | | TIMALATIN | | CO THE | | MONTH | | 20 | M.C. | DAT DAT | HOURS | | |
| 0 | 7a B | RTHPLACE (STATE OR FOR | WHI 7b. | A. C | WHAT COUNTRY? | 8. | Y 19, 1948 | 9 BALTIMORE CITY O | PR COUNTY C | DE DEATH | | | |
| -5 X | | Mass. | | | | MARRIE | D NEVER MARRIED | | _ | | | | |
| 6 () | M C | ITY OR TOWN OF DEATH | 111. | NAME OF | HOSPITAL, NURSIN | WIDOWE | DIVORCED T | MONTGO | MERY CO | 12b KIND O | E BLISINESS | | |
| 12/ | 1 | | 1 | | CH FACILITY, GIVE STREET | | | TYPE OF WORK FOR MOST | OF WORKING LIFE) | INDUSTRY | | | |
| E . | USU | BETHESDA AL RESIDENCE (IF NURSING | | TH. TI | HE CLINIC | AL CE | NTER | Speech Lan | g path | Seho | ool sy | | |
| 15) | | | b. COUNTY | | 13c CITY OR TOW | /N | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS | | 79 | 99 | | |
| 1 | | SSACHUSETT (S) | 1 | | L AMHERS | T | YES NO NO NA | 14 AUTUMN | LANE | 0100 | 2 / | | |
| xamin | - | FIRST | MIOO | OLE | LAST | | FIRST | WIOOFE | | LAS' | r | | |
| ě / | | William | | | Potvin | | Vivian | 4000 | rec | Raina | ult | | |
| dico | | VAS DECEASED EVER IN YES, NO OR UNKNOWN) | U.S. ARMEL | | | | | | | | HAMPT | | |
| e a | 2 | No | | | 013-40 | -0703 | KNOLL, HOLY | OKE, MA. 01 | 040 | | | | |
| - | | 18 CAUSE OF DEATH | Enter anly a | ne cause per | line far (a), (b), an | dic | | | | BETWEEN | MATE INTERV | | |
| , e | | PART I. DEATH WAS | MEDIATE C | | CARDIOP | ULMONA | ARY ARREST | | | | | | |
| iury, or ethe | Z | Cause (a), stating the underlying cause last Due to, or as a consequence of CUSHING'S DISEASE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN | | | | | | | | | 1 | | |
| 1 | CERTIFICATIO | 19a DATE OF OPERATIO | 196 CONDITION FOR WHICH OPERATION | | | N WAS PERFORMED | 200 AUTOPSY? | | RE FINDINGS USED CAUSES OF DEATH | | | | |
| 5 7 | 1 8 | 210 ACCHOENT WAS UNDER | | 216. TIME C | | | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN III M B PART OR PART 7 | | | | | |
| 1/ | 1 × | OR CONTRIBUTING CAL | | HOUR A.M. MONTH DAY YEAR | | | | | | | | | |
| 8 | MEDICAL | 21d INJURY OCCURRED | | 21e PLACE | OF INJURY | | 211 LOCATION | CITY OR TO | 1WN | COUNTY | STA | | |
| a x | × | WHILE NOT WHILE | | (ATHOME ST | REET, FACTORY OFFICE F | AKM E(C) | 21 MEE 1 | CITY ON TO | 317 | | | | |
| E | | 22a certify that % (th | nis haspital) | attended th | e deceased fram_ | | | , to OCTOBER | | 87 | that X (we | | |
| 21 15 | saw the deceased alive an OCTOBER 31 19 87 and that in (X) (aur) apinian death accurred on the date and have and trom the causabove, 10 (we) (did) (100 (100 to 100 | | | | | | | | | | causes state | | |
| te b | The SIGNATURE. DEGREE | | | | | | | | | 224 DATE | SIGNED | | |
| | | Cliffy House | | | | | ATTENDING PHYSICIAN | FF CIAN DE | 71 | 1,10 | | | |
| Z T | 1 | ZH. PHYSICIAN'S NAM | L (TYPE OR PRI | NT) | | | | LITTATO | U 000 | | | | |
| PORT | | 16 de | 1 Ha | usen | MD | | | NAL INSTITU | | | - | | |
| × × | 7.3n | BURIAL, CREMATION, RE | | 36 DATE | | NAME OF C | ROCKVILLE PI | 123d LOCATION | A, MAR | ILAND_ | 20892 | | |
| 1 | | lefiloval | MOVAL 12 | CITY OR TOWN | | | | | | | COUNTY STATE | | |
| 1 | | | March | | Funeral H | 2Ssier | rs Funeral Hon | E REC'D BY REGISTRAR | yoke, N | | LIRE | | |
| M 7/84 | | 4217 9th | C+ MM | · Waah | ADDRESS | TOILE | NOV | | | AK S SIGINAL | | | |
| 41 | | 4611711 | F 3 17 17 17 17 17 17 17 17 17 17 17 17 17 | . WAS | | (1 1 | 1410 4 | U 4 19/01 | Mary and Mary | | | | |



DEPARTMENT OF HEALTH AND MENTAUHYGIENE

| 27 | USISTRAR | | MEI | DICAL | EXAMINE | R'S CE | RTIFIC | ATE OF | DEATH | R | EG. NO. | | | |
|-------|--|--|---|---|--|--|---|-----------------|---|--|--|--|--|--|
| | | EIRST | | WIDDLE | | įΑ | ST | | 20 D | ATE KNO | WN X | MONIH | BAY YEAR | ZE HOUR |
| | OR PRINT | Karen | | Ruth | | Po | orter | | | | | 10 | 1519 87 | _ |
| 3 SEX | 4 R | ACE | 5 DATE OF BIRTH | VEAD | | IF UND | ER 1 YR | | | | | MONTH | DAY YEAR | 2d HOUF |
| Fe | male C | aucasia | | | 30 YRS. | | DAYS | HOURS A | | | | 1.0 | 15 19 87 | 5:15 |
| | | RC | 76 CITIZEN OF WH | AT COUN | TRY? 8 | MARRIED | NEVE | FR MARRIED | 9 B/ | ALTIMORE | CITY OR | COUNT | Y OF DEATH | |
| | | | | | | WIDOWE | | DIVORCED | - | ontgo | mery | Cou | inty | WD |
| W.CI | Y OR TOWN OF | DEATH | | | | OR OTHER | INSTITUTI | ION I | | | | | | |
| | | | | | | | | I | | | | | Nursing | 1 |
| | | | | | | | d INSIDE CITY | Y LIMITS? 1: | 3e STREET A | DDRESS | | | | |
| | | Montg | omery | Ken | sington | 1 | YES 🗌 | NOXIX Z | 4514 | Clearb | rook | Lar | ne/ 2089 | 5 |
| 14 FA | THER'S NAME | | MIDDLE | | LAST | 1 | | | NAME | WIDDLE | | | LAST | |
| _ | | | | | | | | | G | | | Will | liams | |
| | | | | 16b SOC | IAL SECURITY N | NO. 17 | 7 INFORMA | ANT (I | Husban | d) AD | DRESS | | | |
| | No | | _ | 229- | -90-1687 | 7 | Rober | t G. I | Porter | | Same | as | line #1 | 3. |
| | 18 CAUSE OF DE | INA/AC CALICED |) PV | | | | | | | | | | | |
| | PARTIDEAT | IMMEDIAT | E CAUSE (a) Se | eizur | e disor | der | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | DOL 10, OK | AS A CON | SEQUENCE OF | | | | | | | | | |
| | DADE O OTHER CICINE | CAN'S CAMPAGIANC | (c) | | | | | | | | | | | |
| z | PART Z UTBER SIGNIFI | CAMI COMOIIIONS C | TON IKIBUTING TO DEATH E | BUI NOI RELA | TED TO THE TERMINA | AL DISEASE O | R CONDITION (| GIVEN IN PART 1 | 1 0 | | | | | |
| 1110 | 190 DATE OF OP | RATION | I 19h CONDIT | ION FOR V | WHICH OPERAT | TION WAS | PERFORM | ED2 | | | | | I 20 ALITODEN | 2 |
| HC | | | 178 CONDI | 1014101 | WINCII OI EKAI | HON WA. | STERT ORIV | | | | | | | |
| ERTE | 71n EXTERNAL C | AUSEWAS | 171h TIME OF | (NIIIDV | | 121, HOV | V INTITION C | CCHBBED | - CANTED AND THE | Of many by the | 77 | 21 . 02 2 4 | | NO [] |
| | UNDERLYING | OR | HOUR A.M. | MONTH | DAY YEAR | 1111100 | + IIVJURT C | CCORRED | (EINTER PARTUR) | OF INJURY IN | HEM IS PAR | CI I OK PAR | (1 2) | |
| U | | | | | 19 | 211 1000 | TION | | | | | | | |
| ME | WHILE N | OT WHILE | | | | | | | CITY | ORTOWN | | COL | UNTY | STATE |
| | AT WORK A | WORK | <u></u> | | | | | | | | | | | |
| | 22s Lumbby th | Flock charge | e of the remains desp | fand of co | ve, held-on | Sulvery | XX | Inspection [| . In | quiry | ond | in my op | inion | |
| | death resulted | om Nature | ol course X | Acofun | 1 5000 | | Mamicia | de . | Undetermin | ed manner | | | | |
| | / | 1- | 18/ | X/ | 4 | 100 | THE | | | | | | | |
| | SIGNATURE | lette | ux ! | Mus | NUSU | all | GESTA 6110 | | MEDICAL | EXAMINER | | DATE | 0 10/1 | 6/87 |
| 1 | | i e | 00 | / | 1 6 | | | | | CAMPIN SER | | BROTTE | | |
| | TYPE OF PRINT | ME Deni | nis F. Sm | yth,/ | M.D. | AD | DRESS | 111 | Penn | St. 1 | Balt | o.MD | | |
| | | | | | | TERY OR O | CREMATOR | TT. | THE LOCATE | ON | | 2001 | de la | iais |
| | | | Oct.16,19 | 87 Mo | ntgomer | v Cr | emato | rium | Bethe | sda | | | | |
| 24 FL | INERAL DIRECTOR | Dohort | 7 Dermin's | Mary T | lunawa I | Home | / 25 | | | | REGIST | RARSS | | |
| Bet | hesda-Ch | evy Cha | se, Inc. | a Ma | ruland | | | OCT | 2019 | OI I | | | | |
| | DEC (TYPI) SEX Fe a BIS Ma SUA SUA SUA SUA SUA SUA SUA SUA SUA SUA | Female C. BIRTHPLACE (STATE OF POPERSON COUNTRY) Washington CITY OR TOWN OF E Kensingto SUAL RESIDENCE (IF IN 30 STATE Maryland 4 FATHER'S NAME EIRST Brent Conditions, gove rise of couse (o) stollying couse to Lying couse to PART 2 OTHER SIGNIFI 210 EXTERNAL C. UNDERLYING CONTRIBUTING 211 INJURY OCC WHILE NAME AT WORK AT | TOPECRASED NAME (IMPEOR PRINT) KATEN KATEN KATEN KATEN I RACE FEMALE CAUCASIA BIRTHPLACE (STATE OR FOREIGN COUNTRY) WASHINGTON, D. C. II CITY OR TOWN OF DEATH KENSINGTON SUAL RESIDENCE (IF IN NURSING HOME O JA STATE IJA COUNT MARYLAND MARYLAND MONTO A FATHER'S NAME ERST Brent Alex NO IS CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED CONDITIONS, if ony, which gove rise to immediate couse (o) stoting the under- lying couse lost. PART 2 OTHER SIGNIFICANT (ONOTITIONS) TOPE EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK PART AT WORK AT WORK AT WORK AT WORK PART AT WORK AT WORK THE OF PRINT DEATH ACTUAL THE OF PRINT DEATH THE | TOTAL PRINCIPLE (STATE OR FIRST MONTH DAY FEMALE CAUCASIAN JAN. 24, BIRTHPLACE (STATE OR FOREIGN COUNTRY) WAS SHINGTON, D. C. United U CITY OR TOWN OF DEATH 11 NAME OF HOS (JENOTIN SUCH FAR FOREIGN COUNTRY) WAS SIDENCE (JEIN NURSING HOME OR OTHER INSTITUTION OF MAT SUAL RESIDENCE (JEIN NURSING HOME OR OTHER INSTITUTION OR OTHER STATEMENT OR OTHER INSTITUTION OR OTHER STATEMENT OR OTHER | DECEASED NAME (TYPE OF PRINT) KAYEN Ruth SEX 4 RACE 5 DATE OF BIRTH DAY YEAR FEMALE Caucasian Jan. 24, 1957 6 BIRTHPLACE (STATE OR FOREICN COUNTRY) Washington, D. C. United State (ITY OR TOWN OF DEATH IN NAME OF HOSPITAL, NUI (FIRNOT IN SUCH PACIFITY GWE ST KENSINGTON 4514 Clearb SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GWE RESIDENCE IN COUNTY MARYLAND MONTOMERY KENSI Brent Alexander Fulc (FIRNOT ALEXANDE BY IMMEDIATE CAUSE (O) PART I DEATH (Enter only one couse per line for (O), (b) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) SEIZUR Conditions, if ony, which gove rise to immediate couse (o) stating the under- lying couse lost. PART 2 OTHER SIGNIFICANT (ONOTHONS CONTRIBUTING TO DEATH BUT NOT RELA 190 DATE OF OPERATION 190 CONTRIBUTING OR CONTRIBUTING OR THE STATE OF WAS A CONTRIBUTING TO DEATH BUT NOT RELA 1910 EXTERNAL CAUSE WAS UNDERLYING OR THE STATE OF OPERATION 192 DATE OF OPERATION 193 CAUSE OF DEATH PM 210 EXTERNAL CAUSE WAS UNDERLYING OR THE STATE OF OPERATION 194 CONTRIBUTING OR THE STATE OF OPERATION 195 CONDITION FOR Y 196 CAUSE OF DEATH PM 210 EXTERNAL CAUSE WAS UNDERLYING OR THE STATE OF OPERATION 195 CONDITION FOR Y 196 CAUSE OF INJURY HOUR AM MONTH PM 210 EXTERNAL CAUSE WAS UNDERLYING OR THE STATE OF OPERATION 195 CONDITION FOR Y 196 CAUSE OF INJURY HOUR AM MONTH PM 210 EXTERNAL CAUSE WAS UNDERLYING OR THE STATE OF OPERATION 197 THE PLACE OF INJURY HOUR AM MONTH PM 210 EXTERNAL CAUSE OF DEATH PM 211 STREET FACTORY FARM FI ACTUAL ACTUAL 212 PROPERTY ACTUAL ACTUAL 213 PROPERTY ACTUAL 214 PART OF PROPERTY ACTUAL ACTUAL 215 PROPERTY ACTUAL 216 PROPERTY ACTUAL 217 PROPERTY ACTUAL ACTUAL 218 PLACE OF INJURY HOUR AM MONTH PM ACTUAL ACTUAL ACTUAL 218 PLACE OF INJURY HOUR AM MONTH PM ACTUAL ACTUAL ACTUAL 218 PLACE OF INJURY HOUR AM MONTH PM ACTUAL ACTUAL 218 PLACE OF INJURY HOUR AM MONTH PM ACTUAL ACTUAL 219 PLACE OF INJURY HOUR AM MONTH PM ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUA | Residence Part Rote Ruth Ru | CONTRIBUTION OF DEATH (Enter only one couse per line for [a, [b], [b], ond [c]. | DECEASED NAME | CALLED NAME TABLE DECEASED NAME (1992 OF 7928H) Karen Ruth Porter Ruth Ruth Ruth Ruth Ruth Ruth Ruth Ruth | Record R | DECEASED NAME KATEN Ruth Ruth Porter Ruth Ruth Porter Ruth Ruth Porter Ruth Porter Ruth Porter Ruth Ruth Porter Ruth Porter Ruth Ruth Ruth Porter Ruth Ru | RECEASED NAME INTEGRATION KAREN RUth POTTER Ruth POTTER RACE SOLATE OF BRITE INTEGRATION RECEASED NAME PERMALE Caucasian Jan. 24, 1957 30 yas, BRITHSTACE CAUCASIAN TO THE CAUCASIAN TO | RETER SEASON AND THE SET OF DEATH AND THE SET OF DE |



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| Director (2) est | TYPE OR PRINT) | FIO | yď | WIDDLE | Powell | | | ESTI | 9-24- 187 |
| P. PIA ONECTO 22 HOUR PIE | Male | Black | Dec. 26, | YEAR 1957 29 YRS | MONTHS | 1 YR. IF UNDER 2 | 24 HRS 2c DAT MIN PRONOL DEA | NCED | ONTH DAY YEAR 74 HOU |
| ECESSA IMERAL FOR W WITHIN | Je BIRTHPLACI | MD | 76 CITIZEN OF WE | HAT COUNTRY? | MARRIED | X NEVER MARRIE | ED L | ntgomery | DUNTY OF DEATH |
| NAME OF THE PARTY | 1/ | erville | (IF NOT IN SUCH FA | PITAL, NURSING HOME, CILITY GIVE STREET ADDRESS! rogden Road | | | | JPATION (TYPE OF W | VORK 126 KIND OF BUSINESS OR INDUSTRY |
| ANY DE AND 31 PETAIN HOULD BECOMD | DA STATE MD | NCE IS BUILDING HOME | OTHER INSTITUTION GI | RESIDENCE BEFORE ADMISSION IS CITY OR TOWN Sykesville | N) | , | 13e STREET ADDR | ESS | 21784 |
| RE, MD. | M. FATHER'S N | Walter F | | LAST | 15. / | MA | rtha Ell | MIDDLE ison | LAS1 |
| RS AFTER EASTER | 160 WAS DECE (YES, NO, OR U | ASED EVER IN U.S. A | ARMED FORCES? VE WAR OR DATES) | 220-74-710 | | inda Pow | ell Sil | 04 Thomps | son Rd. ng, MD 20904 |
| BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RETING THE WORD "PRDING" IN PENCIL IN ITEM 18. ROED TO THE CHIEF MEDICAL EXAMINER ALONG WES 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. TE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. DOI PRIOR OF USED AS A BURIAL OR REMOVAL. | Congave cous | IDEATH WAS CAUS IMMEDI ditions, if ony, white rise to immedio e (a) storing the under couse lost. | DUE TO, OR (b) DUE TO, OR (c) (c) | AS A CONSEQUENCE O | F | | T1 a | | BETWEEN ONSEL AND DEATH |
| TAL RE HOULD RD "PEI NUSED A DF HEA RIAL, C | NO I 19a. DATI | OF OPERATION | 196 CONDIT | ION FOR WHICH OPERA | ITION WAS PI | ERFORMED? | | | 20 AUTOPSY? |
| DIVISION OF VITAL RECORDS, 201 W NER: THIS CERTIFICATE SHOULD BE EXECUTED V CATE, WRITING THE WORD "PENDING" IN PER FORWARDED TO THE CHIEF MEDICAL EXAM TOR: PAGE 3 SHOULD BE USED AS A BURIAL - I THE STATE DEPARTMENT OF HEALTH AND MEN AND, 21201 PRIOR TO BURIAL, CREMATION, O | UNDERLY CONTRIB | RNAL CAUSE WAS (ING OR UTING CAUSE O RY OCCURRED NOT WHILE AT WORK | F DEATH P.M. | MONTH DAY YEAR 1-4 19 DF INJURY (ATHOME, ORY, FARM ETC.) | 21f LOCATION STREET | ect ihnales | CITY OR TO | OWN | OR PART ?) COUNTY STATE MOTEOGOBIET V., M.D.: |
| DIVIS TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 S AFTER DEATH WITH THE STATE DEF BALTIMORE, MARYFAND, 21201 PR | and the second second | numera fam. V refe | one of the remains des | Accept Sur | T | Inspection Homicide ITLE (SPECIFY) ASSISTANT | Undetermined m | ranner | 14TE 9-25 97 |
| MEDIC ECUTE 1 GE 4 S FUNE TER DE/ LITIMOS | EXAMINE (TYPE OR | R'S NAME Char | les P. Kok | s, M.D. | ADDF | RESS 111 Pe | enn Stree | t,Baltin | ore,MD 21201 |
| 234244 25M BPS/0 | (SPECIFY) | mation, removal | 23b DATE 10-3-87 | Daisy Co | | | 23d LOCATION CITY OR TOWN Daisy, | Howard (| COUNTY STATE |
| DHMH = 17 (VR A15 ME (5)) | 24 FUNERAL D | irector se R. Snow | den Rocky | ille. MD 20 | | 250 DATE RE | 2 1987 | AR 256 REGISTRA | R'S SIGNATURE |

068680 OCT

STATE OF MARYLAND

DEPAR

| RTMENT OF HEALTH AND MENTAL HYGIENE | 0 |
|-------------------------------------|----------|
| CERTIFICATE OF DEATH | REG. NO. |

| - [| | EASED I AME FIRST | MIDDLE | 0 | AST | 20 DATE C | F DEATH MON | TH DAY YEAR | 26 HOUR |
|-----|---------------|---|---|--------------|-----------------------------------|-------------------|----------------------------------|-----------------------------|---------------------------------------|
| | TYPE | OR PRINT Las haun | Jamice | Pro | ctor | | 10 | 05 87 | 47 30AM |
| 1 | 3 SEX | 0 11 | RACE | 5 DATE O | | 6 AGE (IN | YEARS LAST BIPTHDAY | IF UNDER YEAR | R IF UNDER 24 HRS |
| | | Female | Black | 18 | 05 87 | - | | YRS MON HI DAY | 3 18 |
| 7 | | OUNTRY ATEOR FOREIGN 78 | CITIZEN OF WHAT COUNTRY? | 8 MARRIEI | NEVER MARRIED | 9 BALTIMO | ORE CITY OR CO | OUNTY OF DEATH | 1 |
| 2 | | Maryland | USH | WIDOWE | D DIVORCED | - IVIC | migime | 7 7 | nty MD |
| (| M CI | TY OR TOWN OF DEATH | 1. NAME OF HOSPITAL, NURSING | | OR OTHER INSTITUTION | | OCCUPATION RK FOR MOST OF WOL | | OF BUSINESS OR |
| 2 |) | IVEY SPINA | Hely (MSS 14 | 5012 | 4 | | NA | / | 1/4 |
| 1 | 130 S | AL RESIDENCE IN NURSING NOME OR O TATE 138 COUNT P.G | THER INSTITUTION GIVE RESIDENCE BEFORE | ADMISSION) | 138 INSIDE CITY-LIMIT | S? 13e STREET | ADDRESS / ZIP | CODE , | 20772 |
| 4 | TY | THER'S NAME | · marles | (2) | YES NO 1 | 1070 | 7 m | L. Jud | rutia |
| 1 | TA | FIRST MI | D LAST | | FIRST | 1 | MIDDLE | Talan | AST OF |
| | 16n W | AS DECEASED EVER IN U.S. ARM | A Proci | RITY NO | 17 INFORMANT | an | ADDRESS | LHOW | 772 |
| - | | | WAR OR DATES) | | Deborah T. | Proctor | (mother) | same as 1 | 3 e |
| | | 18 CAUSE OF DEATH (Enter only | one couse per lige for (a), (b), onc | lic | - 1 | | | APPRO BETWEET | DXIMATE INTERVAL N ONSET AND DEATH |
| 4 | | PART DEATH WAS CAUSED IMMEDIATE | BY Rain's and | tory | Failure | | | | |
| 4 | | ,,,,,,, | DUE TO, OR AS A CONSEQUE | NCE OF . | | | | | |
| | | Conditions, if any, which | (b) PUlmona | m | Hyproples in | 4 | | | |
| | | gave rise to immediate cause of stating the | DUE TO, OPAS A CONSEQUE | NCE OF | 0. | | | | |
| 1 | | underlying couse lost | 1 10 Kenne I | NSUT | ticiency | | | | |
| 1 | z | PART 2 OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE | TERMINAL DISEA | SE OR CONDITIO | ON GIVEN IN PART | la |
| + | ATIO | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUT | OP/KY? 20b | IF YES, WERE FIND | INGS USED |
| | CERTIFICATION | | | | | YFS 🕝 | NO | CERTIFYING CAUSE YES (2) | NO [|
| | | 710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | 216 TIME OF INJURY HOUR A.M. MONTH DA | Y YEAR | 21¢ HOW INJURY OC | CURRED TENTERN | ATURE OF INJURY IN I | TEM 18 PART OR PART ; | |
| | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) | PM | 19 | | | | | |
| | MED | 21d INJURY OCCURRED | 21e PLACE OF INJURY LAT HOME STREET FACTORY OFFICE FA | ARM ETC) | 21f LOCATION STREET | | CITY OR TOWN | YINUO ; | STATE |
| | | AT WORK AT WORK | | 50 | 1 | 77 | 178 | V 10 87 | |
| | | 27a I certify that (II (this hospital saw the deceased alive an | attended the deceased from | 7 00 | nd that in (my) (aur) api | nian death occurr | ed on the date of | 17 | that (1 (we) last |
| -1 | | above, (I) (we) (did) (did not | view the bady after death | - 1 | DEGREE | | | | TE SIGNED |
| | | Kinneth / | 12 Huttner | m | ATTENDIN PHYSICIA | | STAFF PHYSICIAN | 1500 | 187 |
| | | 224 PHYSICIAN'S NAME (TYPE OR | PRINT | | 22e ADDRESS | . DIRECTOR | D A | | - 0 1 |
| | | Kenneth M | tuttner | | 1500 FOR | st 6len | Kooel | 5.5 | 70910 |
| | 23a B | urial, cremation, removal | 10/13/87 23c N | dame of c | emetery or cremato f Heaven Ce | metery at | Silver S | pring, Ma | ryland |
| | | | heeler Funeral H | Ome | Tnc 250 | DATE REC D. BY | REGISTRAR 25b | FCISTR TO WENT | William Control |
| | | 1331 Rockville F | Pike, Rockville, Me | d. 208 | 52 | OCT 14 | 1987 8 | The Property | |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0 8

| | -0 | REGISTRAR | | | | CERTIF | ICATE OF DEATH | 1 | REG. N | 0. | | |
|---|---------------|---|--------------|------------------------------|------------------|-----------------|---------------------------|--------------|----------------------------------|--------------|------------------|---------------------|
| | | CEASED NAME | FIRST | , | AT IF | 1 | LAS1 | 20 [| | MONTH | DAY YEAR | 26 HOUR |
| 1 | (TYPE | OR PRINT | Marga | ret | Ca | 79 | rosise | | | 10. | 10.87 | 1050 |
| | 3 SE) | | I lory Box | 4 RACE | | S. DATE C | | 6 A | GE (IN YEARS LAST BIR | THDAY) | IF UNDER TYEAR | IF INDER 24 HRY |
| | | Female | | White | | MONTH | H DAY YEA | 07 7 | 79 2000 | 3c YRS | · N.H. Ar | HOURS MIN |
| 7 | 7a BII | RTHPLACE (STATE OR F | FOREIGN | 16 CITIZEN OF | | TRY? 8 | D NEVER MARRIEI | 9 B/ | ALTIMORE CITY O | R COUN | TY OF DEATH | |
| | | DC | | U.S. | | WIDOWE | DIVORCE | D 🗆 | Montgome | ry Co | ounty | MD |
| 1 | | ethesda | ATH | (IF NOT IN SUC | HEACILITY, GIVES | | ng Ctr. | N 12a | USUAL OCCUPATION OF CONTROL HOME | F WORKING | 126 KIND (| Home |
| 5 | | AL RESIDENCE (IF NURS STATE MD | 13b COUR | VIY | Spring | TOWN | 13d INSIDE CITY LIM | | STREET ADDRESS | zip co | n Rd. 20 | 0816 |
| 1 | 14 FA | ATHER'S NAME | | MIDDLE | LAST | | 15 MOTHER'S MAIDE | | | | | |
| - | | Michael | | MIDDLE | | rney | Cat | herine | MIDDLE | | La | ine |
| Þ | | VAS DECEASED EVER | | MED FORCES? | 166 SOCIALS | SECURITY NO | 17 INFORMANT | | ADDRE | 55 | MD 2 | 20815 |
| | No | | (11 123, 01 | VE WAR ON DATES) | 125-0 | 3-9644 | Joseph | R. Cla | ancy 5454 | WI | Ave. Che | vy Chase |
| | | 18 CAUSE OF DEAT | H (Enter of | nly one couse per | line for (a), (b | , ond c | _ | | | | BETWEEN | ONSET AND DEATH |
| v | | PARTI. DEATH W | | TE CAUSE (a) | | and | Vac 1 | 1760 | | | -111 | en. ti |
| | | | | DUE TO, O | R AS A CONSI | EOUENCE OF | | - 1 | 1 | | | |
| | | Conditions, if any, | , which | (ıb) | 00 | 171 | 0,00 | 10,0 | Cision | | | Chis |
| | | cause (o), statin underlying cause | ig the | DUE TO, OI | R AS A CONSE | EOUENCE OF | | | | | | |
| | | | | (c) | | | | | | | | |
| | N O | PART 2 OTHER SIGN | JE / | CONDITIONS | ONTRIBUTING | TO DEATH BUT | NOT RELATED TO THE | E TERMINAL | DISEASE OR CON | DITION G | GIVEN IN PART 1 | a |
| 9 | CERTIFICATION | 190 DATE OF OPERA | TION | 196 CONDI | TION FOR WH | HICH OPERATIO | N WAS PERFORMED | 20 | On AUTOPSY? | | ES, WERE FINDI | |
| 5 | TIF | | | | | | | Y | ES NOD | - | YES [| NO [|
| 7 | | 210 ACCIDENT WAS UND | | 216. TIME O | | DAY YEAR | 21c HOW INJURY O | CCURRED | ENTER NATURE OF INIU | RY IN ITEM T | 8 PART ORPART | |
| | CAL | (IF EITHER NOTIFY MEDI | | AIR | | 19 | | | | | | |
| | MEDICAL | 21d INJURY OCCURE WHILE NOT WH AT WORK | HIE [] | 21e PLACE | OF INJURY | FICE FARM ETC) | 211 LOCATION | | CITY OR 10 | WN | LUNNIY | TAT |
| | | 220 I certify that (I) | | rtal -attended th | e deceased from | om | - 7 - 10 | 56. | 10_10. | 10 | 195 > | that the (weet last |
| | | saw the decease | ed olive on | | 22 | C > | nd that in (my) (aur) of | pinion death | accurred on the d | ote and h | out and from the | causes stated |
| | | 226 SIGNATURE | ald) (dug.be | view the body | affer death | | DEGREE | _ | | | 22c DATE | SIGNED |
| | | Kuss | ell. | M. Vi | ller: | 11. 7 | ATTEND PHYSIC | | FDICAL STA | | 10. | 10.5) |
| 1 | | 226 PHYSICIAN'S NA | | | 1 | | 22e ADDRESS | | | | 007.6 | |
| | | Russell | M. Ti | lley, J | r. M.D. | | 4701 MA A | ve. M | Wash., | DC 2 | 0016 | |
| | 23a B | BURIAL, CREMATION, | REMOVAL | | | | EMETERY OR CREMAT | TORY 2 | 3d LOCATION | 200 | VOUNTY | TATE |
| | | Burial | | 10/1 | ~ | | .vet Cem. | | Wash., | | | |
| | 24 FL | NERAL DIRECTOR J | oseph | Gawler | S Sone | 20016 | 25 | So DATE REC | D. BY REGISTRAR | | | |
| | | フェン 州工 | Avo | TAM Merce | 20 | | | UCI : | 10 198/ | gull | a Devider | |

DIVISION OF VITAL RECORDS 201 W. PRESTON ST. BALTIMORE, MARYLAND 21201 MPOSTANII: II Ben: 21 is marked or Beniffs share ony injury, or other tr TO FUNERAL DIRECTOR: After this certificate has been signed in should be detoched for use or the bo-cultinasist permit. Their pleas with the State Dept. at Health and Mental Prygense prior to burial.

DHMH - 16 60M 7/84 (VRA 15, 4)

| | 79 300000 | | | 1220 | |
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| | Hospinalier | • | nimum g . Jos | 10 th | o thonda. |
| Birs . | 5900 Newington a | × | Springfield | .JmoH | CH. |
| sens. | | cather | Courses | | Locality |
| THOS GH | Clamey Sugar of Sugar | Joneson | MAR TO_25 / | | |

Annaell M. Milley, dr. H. D.

Rurels 10/14/87 Nt. clivet Cem. Wash., 10

Auto and animals, one, one,

4703 Vg ave. 84 pab., av 20016

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| REG N | 0 | | | | |
|--------------------------|--------|------------|--------|---------|-----|
| 20 DATE OF DEATH | | DAY | YEAR | 2b HOL | R |
| October | 28, | 1987 | | 8:0 | 0 A |
| 6 AGE LIN YEARS LAST BIR | THDAY) | IF a track | R YEAR | IF COFF | |
| 71. | | MON'HS | L'Art | HC IN | WIM |

| Cla | .ude | R. | PURD | UM | October 20, | 1987 | 0:00 F | |
|---|----------------------|--------------------------------------|----------------|------------------------|---|---------------|---------------|--|
| 1.5EX | 4 RACE | | 5 DATE OF | | 6 AGE (IN YEARS LAST BIRTHDAY) | IF THE YEAR | | |
| Male | Whi | te | Apri | 1 17,1913 | 74 YRS | | | |
| To BIRTHPLACE (TATE OR FOREIGN COUNTRY) | 76 CITIZEN OF | WHAT COUNTRY? | 8 AAA PRIED | NEVER MARRIED | 9 BALTIMORE CITY OR COUN | TY OF DEATH | | |
| Maryland | U | SA | WIDOWED | | Montgomery | County | M | |
| Clarksburg | (IF NOT IN SUC | HOSPITAL, NURSING STREET A 825 Piedm | ADDRESS) | OTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Engineer | TIFE INDUSTRY | of BUSINESS O | |
| USUAL RESIDENCE (IF NURSING HOME 130 STATE 136 CO | OR OTHER INSTITUTION | | ADMISSION) | Id INSIDE CITY LIMITS? | 136 STREET ADDRESS / ZIP COI 12825 Piedmon | t Rd. 20 | 0871 | |
| 14 FATHER'S NAME FIRST Urner | MIDDLE S. | Purdun | 19 | MOTHER'S MAIDEN NA | MIDDLE | Burde | ette | |
| 60 WAS DECEASED EVER IN U.S. A | ARMED FORCES? | 166 SOCIAL SECUI | | 7 INFORMANT | ADDRESark | sburg, I | id. 208 | |

| | No | 213-03-0474 | Claudia P. Hennigan | , IZOZI Pie | dmont Rd. |
|------|--|--|---------------------------------------|---------------|-------------------------|
| | PART I. DEATH WAS CAUSED | ane cause per line far a 1b and c BY. CAUSE (a) | in - Rospinston | erres | BETWEEN ONSET AND DEATH |
| | Conditions, if any, which gave rise to immediate cause (a. stating the underlying cause last | DUE TO, OR AS A CONSTQUENCE OF DUE TO, OR AS MONSEOUENCE OF | serton - Co | 1 Place | 1 2000 / Treos |
| TION | artenosel | | NOT RELATED TO THE TERMINAL DISEASE & | e 0 0 | NY |
| 4 | 90 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATIO | N WAS PERFORMED 200 AUTOPS | 20b IF YES, W | ERE FINDINGS USED |

IN CERTIFYING CAUSES OF DEATH? YES NO YES [TIC HOW INJURY OCCURRED LENTER NATIRE OF INJURY IN ITEM B PAR' DRIPAR 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION DITY OF TOWN AT HOME STREET FACTORY OFFICE FARM ETC.)

WORK NOT WHILE 22a I certify that (1) (this haspital attended the deceased and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

224 PHYSTCTAN'S NAME (TYPE OR PRI 22e ADDRESS 809 Viers Mill Rd., Rockville, Md. Stephen N. Jones, M.D.

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL Dct.30, 1987 Clarksburg Meth. Clarksburg, Montgomery, Md.

24 FUNERAL DIRECTOR Ölin L. Molesworth, P.A., Damascus, Md.

Burial

22c DATE SIGNED

DHMH 16 60M 7/84 (VRA 15, 4)

the contract of the second of the contract of A SECOND CONTRACT OF THE PROPERTY OF THE PROPE

Item #1, G-632, 10/20/87, by F.H., / GbJ.

- STATE

REGISTRAR

DECEASED NAME

13e STREET ADDRESS / ZIP CODE 11706 New Hamp. Ave. Coyle Billie Quinn(Wife) Same as 13E 30 minutes Cular Fibrillation Hachycardia PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22¢ DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Md . Md Mont. Gate of Heaven Burial 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR S. SIGNATURE DHMH 16 60M 7/B4 Hines/Rinaldi 11800 New Hamp.S.S.Md. (VRA 15, 4)

CERTIFICATE OF DEATH

20 DATE OF DEATH

Employed

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH

| | | REGISTRAR | | | | CERTIF | ICATE OF | DEATH | | REG. N | 10 | | | |
|--|---------------|--|--|-------------------|-------------------------------|------------|--------------|---------------|------------------------------|--------------|------------|--|---------|------------|
| 9 7 001 | 1256 | CENTED NAME | FIRST | | MIDDLE | | AST | | 20 DATE OF | | | DAY YEA | R 2b | HOUR |
| eo th | | E CHEPRINI) | Lois | | W. | RA | Y | | Octob | er | 22. | 1987 | 6 | :00P N |
| p p | 3 SE | Х | | 4 RACE | | 5 DATE O | | | & AGE INY | EARS LANT BI | RTHDAY | IF NOTA | | R JHR |
| s aft | Fe | male | | White | | May | 23, | 19 1 1 | 76 | | YRS | | ATS HC | DURS MIN |
| 12 05 | 70 B | IRTHPLACE (MA | TE UR FOREIUN | 76 CITIZEN OF | WHAT COUNTRY | 2 8 | D NEVER | MARRIED - | 9 BALTIMO | RE CITY | OR COUN | TY OF DEAT | Н | |
| | | ryland | | Ameri | can | WIDOWI | | IVORCED | Monts | ome | ry C | ounty | | WE |
| 300 | | ITY OR TOWN O | F DEATH | | HOSPITAL, NURSI THE Tralee | T ADDRESS) | | MOITUTION | 120 USUAL CONTRACTOR OF WORD | | OF WORKING | | | JSINESS OR |
| 41 | | AL RESIDENCE () | F NURSING HOME UP | | GIVE RESIDENCE BEFOR | | 1 13d INSIDE | CITY LIMITS? | 13e STREET A | ADDRESS | / ZIP CO | DE | 208 | 72 |
| 1120 | Ma | rvland | Mon | | Damasc | | YES 🔽 | NO 🗌 | | | | Cour | t | A-2 |
| 1/50 | 14 F. | ATHER'S NAME FIRST Claren | ce | MIDDLE Da | vis | | | SMAIDEN NA | WE | MIDDLE | La | yton | LAS | |
| 0 7 | | WAS DECEASED | | | 166 SOCIAL SEC | URITY NO | 17 INFORM | ANT | | 266 | ESS II | dal C | + = 0 | o.t |
| 700 pm | | YES NO OR UNKNOW | (IF YES GIV | E WAR OR DATES) | 214-36 | -327 | Park | er Watl | kins | | | igh S s, Ma | ryl | and |
| opposer. | | 18 CAUSE OF | DEATH Enter or TH WAS CAUSE | nly one cause per | line for la . Ib o | | , | | | | | | | TAND DEATH |
| bang remiceve | | | | TE CAUSE (0) | ardio- | - /u/ | MORO | svy H | rvest | | | 76 | 001 | 105 |
| signed by the en please rem a burial, crema ury, or other t | z | gove rise to couse (o), underlying | stating the couse last | (c)_ | R AS A CONSEOU | | NOT RELATE | D TO THE TERM | IINAL DISEASI | E OR COM | VDITION (| GIVEN IN PAR | 710 | |
| The second of th | CERTIFICATION | 190 DATE OF O | PERATION | 196 COND | ITION FOR WHICH | H OPERATIC | N WAS PERF | ORMED | 200 AUTC | PSY? | IN CER | YES, WERE FII TIFYING CAU YES [] | JSES OF | |
| 170 | 4 | | AS UNDERLYING CAUSE OF DE | | DE INJURY M MONTH [| DAY YEAR | 21c HOW II | njury occure | RED I ENTERNA | " IRE OF NJ | RY IN TEM | B FART TORPAR | Ι. | |
| 11117 | N S | | Y MEDICAL EXAMINE | | M | 19 | | | | | | | | |
| f X T D | MEDICAL | 21d INJURY OC | | | OF INJURY | FARM EIC | 21f LOCAT | | | ITY OR 1 | OWN | DUNT | Υ | STATE |
| Diffe of the control | ` | AT WORK | AT A OPA | | | | | - 69 | - 7 | | 77 | 91 1 | 7 | |
| 1111 | | | ot (I) (this hospi eceased alive an | | 2 19 | 0 9 | | | , to | C/ , | | 190/ | | al we los |
| 211 | | obove, (I) | weekldid (did me | t view the body | ofter death | | | opinion | deoth occurre | d on the d | dote and h | | | |
| S S S S S S S S S S S S S S S S S S S | 1 | 22b SONATUR | 1 As | hum | rache | | DEGREE | ATTENDING | MEDICAL | STA | FF | 22c D | ATE SIG | NED |
| X 1 5 5 / | 4 | ya | WE ALLAND | | 0-0-0 | -11 | 100 , DODE | PHYSICIAN T | DIRECTOR | PHYS! | CIAN | Det | 2 | 3, 1 |
| Sold Se of the 3 PORTA | | 22d HYSICIAN | | | | | 22e ADDRE | | | | | 1 | 1 | |
| 2113/ | | | | nacher, | | | | Russe | | | , Ga | ither | Sbu | rg, |
| 1 | | BURIAL, CREMAT | ION, REMOVAL | | | | | CREMATORY | | OR TOWN | | YIMUC | | STATE |
| | | Burial | | 10/25/ | /87 B | ethes | da Ce | metery | Bro | | | ille, | | |
| 16 60M 7/84 | | UNERAL DIRECT | | | ADDRESS | | | 25a. DAT | EREC D BY R | EGISTRAI | RIZSE REG | ISTRARSSIG | NATURE | |
| 'RA 15, 4) | 0 | lin L. | Moles | worth, | P.A. Da | mascu | s.Md. | 40.00 | | N. | | | | |

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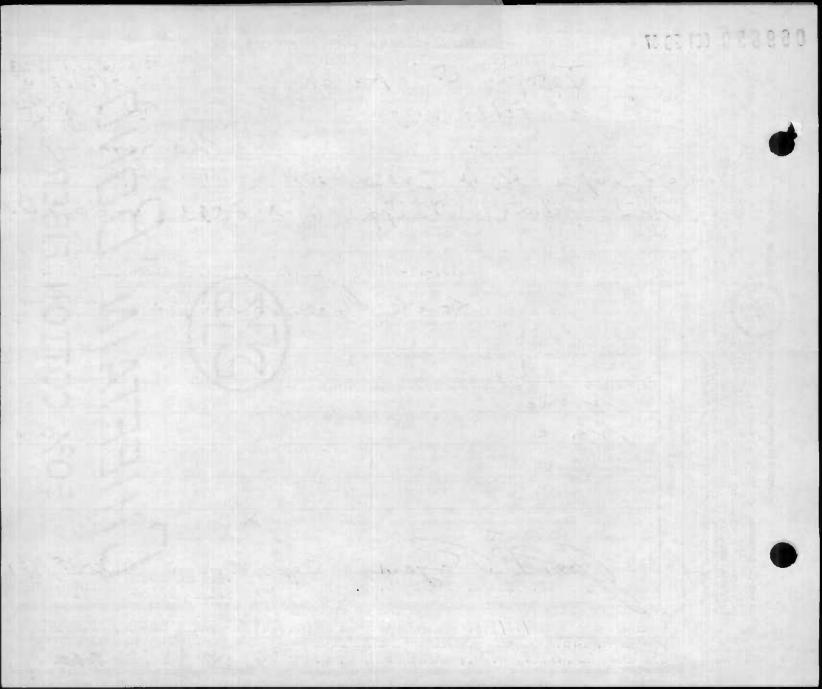
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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| 17122 / MOV | 19. | OF OISTRAN | | | DEPAR | | IEALTH AND MENTAL H ICATE OF DEATH | YGIENE | 0 | | 7 | 4 |
|---|-------|-----------------------|---------------|------------------------|----------------------|------------|---------------------------------------|---|--------------------|----------------|--------------|--------------------|
| 11166 1 1101 | _ | CEASED NAME | FIRST | | MIDDLE | | AST | 20 DATE | REG. NO | | YEAR | 26 HOUR |
| 1 71 3 | | ON PRINCIP | | I.D EVAN | REDMON | | | | TOBER 3 | | 1276 | 6:20 P |
| \$ 10 /O | 1.56 | X. | DOM | 4 RACE | REDITOR | 5. DATE C | OF BIRTH | | IN YEARS LAST BIRT | | INDER TEAR | IF UNDER , J HRS |
| 7 44 | M | ALE | | CAUCAS | TAN | | 21 1918 YEAR | 69 | | N 3 | VIHS DAIS | HOUR MIN |
| 1 100/ | | RTHPLACE (N'ATE OR | FOREIGN | | WHAT COUNTRY | (2 8 | | O DALTH | MORE CITY O | P COLINTY OF | FDEATH | |
| | - | OHIO | | 1 | STATES | MARRIE | D X NEVER MARRIED | 1 ,,,,, | NTGOMER | | | |
| 1 11/14 | 10,/C | TY OR TOWN OF DE | ATH / | | | ING HOME C | DROTHER INSTITUTION | | AL OCCUPATION | | 12h KIND O | F BUSINESS OR |
| E 1 13 1/2 | 1 | ETHESDA | | | NAVAL HO | SPITAI | 4 | (TYPE OF V | NORK FOR MOST OF | WORKING LIFE) | INDUSTRY | NAVY |
| 2 4 4 7 | JSU. | AL RESIDENCE IF NUR | 136 COUN | OTHER INSTITUTION | 134 CITY OR TO | | 13d INSIDE CITY LIMITS? | 113e STREI | ET ADDRESS / | 7IP CODE | (| 74/36 |
| A 1 1300 | _ | RGINIA | ALEXA | NDRIA | ALEXAND | DRIA | YES NO | | MADISO | | ET #60 | 2231 |
| E I TELAN | 14.57 | THER'S NAME | | MIDDLE | LAST | | 15 MOTHER'S MAIDEN N | NAME | WIDDLE | | LAST | , |
| W P PARTY | | SAMUEL | | | | | | RA BENI | | | LASI | |
| NE COLOR | | VAS DECEASED EVER | | MED FORCES? | 16b SOCIAL SEC | URITY NO. | 17 INFORMANT | 11 8 3 | ADDRE | SS | | |
| * 14 10 | | YES | | -1971 | 305-14- | -4568 | DOROTHY M.RI | EDMON. | 400 MAD | ISON S | TREET. | #602. |
| W S S S S S S S S S S S S S S S S S S S | | II CAUSE OF DEA | TH (Enter on | ly one couse per | line for (a), (b), c | and Icl. | ALEXANDRIA | | | | | MATE INTERVAL |
| 1 4 456 5 | | PART I. DEATH V | VAS CAUSEI | D BY | METASTAT | TC REC | TAL CARCINON | - | | | | |
| S S S S S S S S S S S S S S S S S S S | | | ararte Direct | | R AS A CONSEQI | | TAL CANCINO | | | | | |
| 5 1 10 1 | | Conditions, if ony | , which | (| K AS A CONSEQU | DENCE OF | | | | | } | |
| 100 | | gave rise to im | mediote | (b)_ | D | | | | | | | |
| 3 (84) | 4 | underlying cause | | DUE TO, O | R AS A CONSEQI | UENCE OF | | | | | | |
| 8 | | PART 2 OTHER SIG | NIFICANTO | ONDITIONS | ONTRIBUTING TO | DE ATH BUT | NOT RELATED TO THE TEL | PANINAL DISE | ASE OF CONE | NITIONI CIVENI | INI DADI 1 - | |
| × 1 1111 | NO | | | .0.101110110_ <u>C</u> | 3141110011110110 | DEATH BOT | NOT KEENIED TO THE TEL | KWIII VAL DISE | ASE ON CONE | MION GIVEN | INFARITO | |
| 8 1117 | 1) = | 190 DATE OF OPERA | TION | 19b COND | ITION FOR WHIC | H OPERATIO | N WAS PERFORMED | 20a At | JTOPSY? | 20b IF YES, W | ERE FINDIN | GS USED |
| E 7:2414/ | 1 H | | | | | | | VEST | NOT | IN CERTIFYIN | G CAUSES | OF DEATH? |
| ¥ 10 112 × | CERT | 21a. ACCIDENT WAS UN | DERLYING [| 216. TIME C | F INJURY | | 21c HOW INJURY OCCU | JRRED (ENTER | 4.4 | | | NO [] |
| \$ 85 HER | ¥ | OR CONTRIBUTING | | 177 | M. MONTH | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| X 25 2 3 3 1 | MEDIC | (IF EITHER NOTIFY MED | | | M. OF INJURY | 19 | 211 LOCATION | | | | | |
| · 有一种 | ¥ | NOT W | ние П | | REET, FACTORY OFFICE | FARM ETC) | STREET | | LITY OR TOV | VN | COUNTY | TATE |
| a 20 4541 | | AT WO | | | | ОСТОТ | BER 26 19 8 | 7 / | OCTOBER | 31 10 | 07 | |
| X 7 8 1 1 1 | | sow the deceas | ed alive on | OCTOBER | 31 | 0 = | nd that in (my) (our) opinion | | | | | that (1) (we) last |
| 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | above, (I) (we) (| did) (did not | I view the body | ofter death | | | on death occu | irred on the da | te and hour or | | |
| 85 855 | | 128 SIGNATURE | 1 | . 1 | | m n | DEGREE ATTENDING | MEDIC | AI STAF | | 22c DATE S | |
| 27 335 5- | | 4. 0 | -alv | | | 110 | | DIRECTO | AL STAF | AN 🗌 | 02N | OV 87 |
| 81 2174 | 1 6 | 220 PHYSICIAN'S N | | | | | 22e ADDRESS NAVA | AL HOS | PITAL | | | |
| 1 1 1 1 2 1 2 1 | | J. A. S | WENSO | N, LT, N | 1C, USN | | BETH | HESDA, | MD 208 | 14-501 | 1 | |
| H = H = 1 3 | 23a B | URIAL, CREMATION, | REMOVAL | 23b. DATE | 23c | NAME OF C | EMETERY OR CREMATORY | | CATION | | | |
| CV BPCCC | | iriAL | | 11-4-8 | | rlingt | on National | A | rlingto | n Virg | inia | TATE |
| 1 9 DHAM TINKOMO BA | 24 FL | INERAL DIRECTOR | Everl | y-Wheat | lev Fune | eral H | ome 250 D | | Y REGISTRAR | 156 REGISTRAL | R'S SIGNATI | |
| (VRA 15, 4) | 1 | .500°W. Br | addock | Rd. Al | Lexandria | a, Va. | N | UV 05 | 1987 | Mila Di | sides. | Rond all |

| | 1 | | FOR | | DEPARTMENT OF | | ARYLAND AND MENTAL H | VOIENE / | 7 7 | |
|--------------------------------|--|---------------|--|--|-------------------------------|---------------|-----------------------------------|----------------------|--------------------------|--|
| 1696 | 9 OCT | 次 | TITE ISTORD | MI | EDICAL EXAMI | NER'S C | ERTIFICATE O | | 3 8 | 0 9 % |
| | | | CEASED NAME FIRST | JOSEPH | MIDDLE S. | F | REICH. | | REG NO | T 15 10 cm. HOUS |
| Ļ | 3 ~ × 5 × ≻ | (148 | E OR PRINT | 200 | S. | P. | - /- | OF DEATH | ESTI DOC | 15,198722 |
| | A STATE OF THE STA | 3 SEX | MALE I RAWHITE | 5 PATE OF BIRTH | | | DER 1 YR IF UNDER | | MONT | H DAT YEAR 24 HOUR |
| | DIRECTOR FILES | | M W | Fel 2 | 8 12 7 | YRS. MONTH | S PAT HOURS | MIN PRONOUN DE AD | GX. | 15 1987 5 N |
| 6 | NERAL D FOR YO WITHIN 7 | 7a B | RTHPLACE (STATE OR PREIGN COUNTRY) | 76 CITIZEN OF V | VHAT COUNTRY? | 8 MARRIE | ED NEVER MARRI | ED 9 BALTIM | ORE CITY OR COU | INTY OF DEATH |
| | - I 40 - < | 10.0 | NEW YORK | U.S.A | | WIDOW | | | onto | one-by MD |
| > | 3 TO THE PAGE OF SOLUTION OF S | | TY OR TOWN OF DEATH | (IF NOT IN SUCH | DSPITAL, NURSING HOA | S.3- | 400 P | FOR M PATEN | IT EXAMIN | OR INDUSTRY |
| 21201 | RETOULD B | USU. I3a N | ARYLAND WIMONT | GOMERY | STAVER SR | RING | 13d INSIDE CITY LIMITS? YES NO 12 | 13e STREET ADDRE | 2091 3 Pi | ndale Dr |
| A D | ATA A | 14. F | THERSHAME | WIDDLE | REICH | 7 | 15. MOTHER'S MAIDE | N NAME M | IDDLE | KÄLISH |
| ORE | PAN PROPERTY OF THE PAN PR | 16a \ | VAS DECEASED EVER IN U.S. AR | MED EODCES2 | 16h SOCIAL SECUR | ITY NO | 17 INFORMANT | | COLBY C | |
| ALTIMORE | PAGES DIVISION | | | WAR OR DATES) | 171-12-07 | | | S. REICH, | | LLE, MAINE |
| (No. | PERMIT. P GIENE, DIV | | 18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE IMMEDIA | nly one cause per lir D BY: TE CAUSE (a) | ne for (a), (b), and (c), | M | YOCA V | dia (| 7:01 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 100 | | | | | R AS A CONSEQUENCE | EOF | | | • | |
| 0. | WII ENCI AINE TRANSIT UTAL HY | | Conditions, if any, which gave rise to immediate | (b) | | | | | | |
| W I | | | lying cause last. | DUE TO, O | R AS A CONSEQUENCE | OF | | | | |
| 5, 2 | AND AND AND AND AND AND AND AND AND AND | | BART 2 OTHER CICALETCANT CONDITIONS | (c) | H BUY MAY BY | | | | | |
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| L RE | SED A SED A SED A SED A SED A SED A SED A | CERTIFICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH OPE | RATION W | AS PERFORMED? | | | 2D AUTOPSY? |
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| NOI | G THE VARIABLE | MEDICAL | CONTRIBUTING CAUSE OF | | | 211.101 | | | | |
| DIVIS | WRITIN WRITIN ARDED AGE 3 S ATE DE | MED | 214 INJURY OCCURRED WHILE NOT WHILE [AT WORK AT WORK | | OF INJURY (AT HOME | | REE T | CITY OR TOV | VN | COUNTY STATE |
| | ATE, ORW OR: P. | | 270 I certify that I took char | ge of the remoins d | escribed obove, held an | Autaps | y . Inspection | Inquiry | and in my | opinion |
| | ECTO FIET FILTH FILTH FILTH | | death resulted from Notu | rol causes | Accident S | Suicide . | Homicide . | Undetermined ma | nner . | |
| | WAR WAR | | ACTUAL // | 201 | 7 | | TITLE (SPECIFY) | | 0.47 | 5.11511 |
| | AHANA — | | SIGNATURE | 1. V | c-jere | 1 M. | D. 1139 | - MEDIFALESAM | SEMTNARVIG | ROAD 957 |
| | WOE TE | | | R. JOHN S | . ROBERS, M | 1. D. | U | SILVEI | R SPRING. | MARYLAND |
| | DAMEDICAL EAGMINES. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 | 23a B | URIAL CREMATION, REMOVAL | 73b DATE | 23¢ NAME OF CE | EMETERY OF | CREMATORY | 23d LOCATION | , | |
| 07 84 | BP | E | SURTAL | 10/18/198 | | | | | LS CHURCH | , VIRGINTA |
| 25M | DHMH 17 | | ONALDOEMOR STEIN | HEBREW M | EMORIAL FUN | | | EC'D. BY REGISTRAI | R 256 REGISTRAR | SSIGNATURE |
| (| VR A15 ME (5)) | 1 | 32 CARROLL STRE | EI, N. W | ., WASHINGT | ON, D. | . C. PICT 2 | 1 1987 | The words | in-lighter. |



| b : | 4 may be | to poge 3 |
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| | PHYSICIAN The low requires that the death certificate be executed within 24 hours after death Fage 4 may be tending physician | this certificate has been signed by the attending physician and completely filligd in by the funeral director page 3 the bringlithansit norms. Then plants remove any analysician and completely filligd in by the find instance of progressions. |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTRAR | | | | CERTII | FICATE OF DEATH | REG. N | 0 | | |
|------------------------------|---------------------------------|---|---|-----------|----------------------------------|----------------------------------|--------------|--------------|----------------------------------|
| DECEASED NAME | JEFF | ERY | AUSTIN | | RICHARDS | 20 DATE OF DEATH | /ac | 187 | 2b HOUR р 3:15 м |
| Male Male | | White | | MONT | 19,1961 | 6 AGE IN YEARS LAST BIR | YRS | IF NOTE YEAR | IF N. ER. STOR |
| Wash. D.C 11 USA | | | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CITY O | _ | OF DEATH | MD |
| Olney | DEATH | | HOSPITAL, NURSING CHEACILITY GIVESTREET OMERY GEN | | or other institution Hospital | 120 USUAL OCCUPAT | | Chevi | y®Ohase rolet |
| Maryland 14 FATHER'S NAME | 13b COL | | 13c CITY OR TOW Rockville | /N | 136 INSIDE CITY LIMITS? YES X NO | 13e STREET ADDRESS 600 Blanfo | | #3 208 | 50 |
| Joseph | | MIDDLE | ichards | | Anna Anna | WINDTE | (| Odum | : |
| NO WAS DECEASED E | VER IN U.S. A | RMED FORCES? | 166 SOCIAL SECU 214-80-0 | | Barbara Richa (sister-in-law | rds 201 E. | | Rocky | ville, Md. |
| 18 CAUSE OF D PART I DE A | TH WAS CAUS | only one cause pe ED BY ATE CAUSE (a) | Carline | | est | | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| Z | immediate stating the ause lost | DUE TO, CONDITIONS C | sessi | DEATH BUT | NOT RELATED TO THE TERM | NINAL DISEASE OR CON | 20b IF YES, | WERE FINDIN | NGS USED |
| RTIFIC | | | | | | YES NO NO | YES | | OF DEATH? |
| 210 ACCIDENT WA | | 216 TIME (| of injury m month d | AY YEAR | 21c HOW INJURY OCCUR | RED TENTER NAT RE OF NOU | RY NHEM 8 PA | RI JR PARITI | |

DEGREE ATTENDING PHYSICIAN

22e ADDRESS

211 LOCATION

MEDICAL STAFF
DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL

Burial

21d INJURY OCCURRED

MEDICA

10/22/87

21e PLACE OF INJURY

AT HOME STREET FACTORY OFFICE FARM ETC

230 NAME OF CEMETERY OR CREMATORY

St. Mary's Catholic Church Cemetery Rockville, Md.

24 FUNERAL DIRECTOR yson Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Md. 20852

DHMH 16 60M 7/84 (VRA 15, 4)

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FUNERAL DIRECTOR auld be detached for us

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

U STATE OF MARYLAND CERTIFICATE OF DEATH

| 069060 oct 2 | 0 8 | FOR TATE REGISTRAR | DEPAR | TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | GIENE REG NO | 14 |
|---|---------------|---|--|--|---|--|
| noy be poge 3 | (TYPE | CEASED NAME FIRST SARA | | Ridoley | 20 DATE OF DEATH MONTH DATE OF AGE (IN YEARS (AST BIRTHDAY) | YEAR 25 HOUR 253 M |
| Poge 4 mc director p hours after | | FEMALE INTEREST OF FOREIGN | WHITE 76 CITIZEN OF WHAT COUNTRY | S DANG OF BUTH MONTH MARCH 1, 1907 (? 8 | P BALTIMORE CITY OR COUNTY | ONTHE BATS HOURS MIN |
| er death. within 72 l | | PENNA. ITY OR TOWN OF DEATH | USA 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY GIVE STREE | MARRIED NEVER MARRIED WIDOWED DIVORCED NORCED NORCED | MONTGOMERY 120 USUAL OCCUPATION 1 TYPE OF WORK FOR MOST OF WORKING LIFE | MD 126 KIND OF BUSINESS OR INDUSTRY |
| 21201 21201 29 th tiled to | USUA | LUCK SPREAK- AL RESIDENCE (IF NURSING HOME OR STATE 138 COUN | HOLY CROS | ORE ADMISSION) | HOUSEWIFE 13e STREET ADDRESS / ZIP CODE | HOME / |
| MARYLAND 2120 ed with 23 mils mplete, consord 2 mil most be m | | MD. MON | and the second | SPRING YES NO 15 MOTHER'S MAIDEN NA. | 2102 DEXTER | AJE 101/20962 |
| m 5 0 5 | | FRED WAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES GIV) | RMED FORCES? 166 SOCIAL SEC | E ELIZAB | ADDRESS 1316 | |
| ficote be poppers. Pe navole ent, the mi | | 18 CAUSE OF DEATH Enter on PART I DEATH WAS CAUSE | | -2261 KOBERTE. KI | DOLEY (SON) ARLI | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
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| | CERTIFICATION | 210 ACCIDENT WAS UNDERLYING | | | | ING CAUSES OF DEATH? |
| ON OF HYSICIA Ins certifi buriol-ti Mental | MEDICAL C | OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED | P.M. 21e PLACE OF INJURY | DAY YEAR 19 211 LOCATION | CITY OR LOWN | SIA! YINUS |
| NDI Lose teolisms | W | | nitol attended the depended from | 95 | 1400 | 9 That It (we last |
| OR ATTER OR ATTER DIRECTOR oched for Dept of H | | saw the deceased alive on obove, (1) (we) (did) (did na 27b SIGNATURE) | n 19_ at; view the body after, deoth. | DEGREE ATTENDING | deoth occurred on the dote and hour | and from the couses stated |
| TO HOSPITAL TO FUNERAL should be deter with the Store | | 22d PHYSICIAN 9 NAME (TYPE) | PRPRINT, THE A | PHYSICIAN D | DIRECTOR PHYSICIAN | M 30 900 |
| OT OT WAY | 23a 1 | BURIAL, CREMATION, REMOVAL | L 23b DATE 23c | NAME OF CEMETERY OR CREMATORY | 23d LOCATION | 1,100 |
| ВР | | BURIAL UNERAL DIRECTOR | OCT/16/87 G | ATE OF HEAVEN COMETEN | | W. Co MACYUM |
| DHMH 16 60M 7 84 (VRA 15, 4) | Cr | HAMBORS FUNDAME | HOME SILVERSPI | ING MARYLAND DCT | 1 9 1987 1 5 5 cm | AR S SIGNATURE |

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

| 068233 OCT | -9 | FOR GWATE REGISTRAR | DEPARTN | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | IENE 3 | 0 0 7 | 3 |
|--|---------------|---|--|--|--|---|---|
| | 1 DE | CEASED NAME FIRST | WIDDLE | LAST | REG. No. | | AR 2b HOUR |
| nay be poge 3 | | OR PRINT) | IETTA ELENA RILE | Y | OCTOBER | | 8:59 P |
| may pool | 3 SE | X | 4 RACE | 5 DATE OF BIRTH | 6 AGE (IN YEARS LAST BIR | THDAY) IF LINDER I | TEAR IF UNDER JUHR |
| ge 4 | 1 | FEMALE | CAUCASIAN | DECEMBER 14 1912 | 74 | YRS | DAYS HOURS MIN |
| John 72 hour | | RTHPLACE MATE OFFOREIGN COUNTRY ENNSYLVANIA | UNITED STATES | 9 BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY | | | |
| by the withing and withing of | J0 € | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN {IF NOT IN SUCH FACILITY, GIVE STREET / NAVAL H | WIDOWED X DIVORCED DE GHOME OR OTHER INSTITUTION ADDRESS! | 120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF BEAUTICIA | ON 12b KII DE WORKING LIFE) INDUS | ND OF BUSINESS OR STRY uty Shop |
| MARYLAND 212 red within 24 hour mpletely filled in ond 2 should be one references the | 13a M | ARYLAND 136 Geo | other institution give residence before NTY Prince 13t. CITY OR TOW Orge's HYATTS | VILLE YES NO | | ZIP CODE ERTON DRIV | E 20782 |
| ampletel | | MICHAEL RO | | | IA NICOLA R | | LAST |
| BALTIMORE. | | VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES GIV NO | MED FORCES? 166 SOCIAL SECU 181-07- | | | TON DRIVE, | |
| 201 W. PRESTON ST. es that the death certificated by the attending phypicase remove carbane unal, cremation, or remo | NO | PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if only, which gove rise to immediate cause to stating the underlying cause lost | DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE | L CELL LUNG CARCIN | | | PROXIMATE INTERVAL VEEN ONSET AND DEATH |
| DIVISION OF VITAL RECORDS, ING PHYSICIAN The low requir offending physicion ther this certificate hos been sig as the burnal-transit permit. Then th and Mental Hygiene prior to b arked or Item 18 shows any injury | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 20a AUTOPSY? YES NO X | 206 IF YES, WERE FI IN CERTIFYING CAL YES [| NDINGS USED USES OF DEATH? NO [] |
| ON OF VITA HYSICIAN I T ding physici s certificate burtal-transi mental Hygi | | 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | HOUR A.M. MONTH DA | Y YEAR 19 | RED (ENTER NATURE OF INJU | RY IN ITEM IS PART - UR PAR | 17.21 |
| IVISION UG PHYS offer this of stee bus stee bus rked or inked | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 216 PLACE OF INJURY LATHOME STREET FACTORY OFFICE F. | ARM ETC) 214 LOCATION STREET | CETY OR TO | wn Ouni | Y STATE |
| ATTEND spital a CTOR A I fai use af Heal | | saw the deceased alive an | tal) attended the deceased from | OCTOBER 5 19 87 | to <u>OCTOBE</u> death accurred on the de | ate and hour and Iran | the couses stated |
| SPITAL OR A J by the ho NERAL DIRE be detoched e State Dept | | 22d PHYSICIAN'S NAME (VPE | y Holm | | MEDICAL STAI | FF / | OCT57 |
| TO HOSPITA etained by TO FUNER's should be d with the Sto | | WESTBY G. ETS | HER, LT, MC, USN | BETHE | HOSPITAL SDA, MD 208 | 14-5011 | |
| | | BURIAL, CREMATION, REMOVAL | | IAME OF CEMETERY OR CREMATORY | 23d LOCATION | COUNTY | STATE |
| BP | 24 51 | Cremation UNERAL DIRECTOR Dish | 10-7-87 Met | ropolitan Cremator | y Alexand: | cia. Virg | inia |
| DHMH 16 60M 7/84 (VRA 15, 4) | 24 1 | NAME RICHO | ard Rapp, Incomess 2, Washington, | DC 20010 OC | T 8 1987 | Julia Serido | |

| | age | |
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| | TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 haurs after death. Page | |
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| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | STORE | |
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| STATE OF MARYLAND | B 1 |
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| DEPARTMENT OF HEALTH AND MENTAL | HYGIEŃE |
| CERTIFICATE OF DEATH | |

| | | EASED NAME FIRST | MIDDLE | | LAST | | | YEAR 2b HC | |
|--|--------------------|---|---|--------------------------------------|----------------------------------|---|-------------------|---|-------------------|
| | | Dexte | | | venburgh | | | | 1 P |
| 3 | 3 SEX | MALE | WHITE | 5. DATE C | | 6 AGE (IN YEARS LAST BIRTHD | YRS | R YEAR IFIJNE | FR 4 HR |
| 7 | C | THPLACE (STATE OF FOREIGN DUNTRY) New York | 76 CITIZEN OF WHAT COU | MARRIE WIDOWE | D NEVER MARRIED DIVORCED | 9 BALTIMORE CITY OR 6 Montgo | COUNTY OF DE | ATH | |
| 1 | | Y OR TOWN OF DEATH Olney | 11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GR Montgomery | NURSING HOME (VE STREET ADDRESS) | OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYRE OF WORK FOR MOST OF W Retired | VORKING LIFE) IND | ept. of | ness c |
| 1 | USUA 130 S M | L RESIDENCE (IF NURSING HOME | | CE BEFORE ADMISSION) | 13d INSIDE CITY LIMITS? YES X NO | 13. STREET ADDRESS / Z 17720 Caddy | | | |
| 1 | I4 FA | HER'S NAME William | | îburgh | Inez | WE | Vosbu | rgh | |
| li | | AS DECEASED EVER IN U.S. A ES NO OR UNKNOWN) (IF YES YES | INE WAR OR DATES | 44-8623 | Barbara A. H | ADDRESS [all (daughter) | | s 13e | |
| | | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED) | ED DV | , (b), and (c) | SHOCK | | 88 | APPROXIMATE IN ETWEEN ONSET A | TÉRVAL NO DEAT |
| | rion | | DUE TO, OR AS A COM (c) ATHE A CONDITIONS CONTRIBUTE (A) S (CW) | NSEQUENCE OF LOSCUE NOSI | | } | | 'ARI la | |
| | CERTIFICATION | OL 28/77 | PUPTURE | Δ | | | | , WERE FINDINGS USED YING CAUSES OF DEATH? S NO | |
| м. | MEDICAL CEI | 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED | HOUR A.M. MON' P.M. 21e PLACE OF INJURY | TH DAY YEAR | 216 HOW INJURY OCCURE | | | | STATE |
| 22a I certify that (I) (this haspital) attended the deceased from 19/27 19 87 to 10/28 1987 th | | | | | | | | | |
| l | | saw the deceased alive of | 10/28 | 19 8 / 01 | nd that in (my) (our) apinion | death accurred on the date | and hour and fir | om the course | stated |
| | | saw the deceased alive of | 1.140 | | DEGREE | MEDICAL STAFF | 221 | DATE SIGNE | |
| | | saw the deceased olive above, (I) (we) (did) (did) | on 10/18 and 1 view the body ofter death | | DEGREE | MEDICAL STAFF DIRECTOR PHYSICIAL | N | 10/28/ 20904 | 27 |

DHMH = 16 60M 7/84 (VRA 15, 4)

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I neral director page 3

IO FUNERAL DIRECTOR. After this certificate has been signed by the offending should be detached for use as the buriol-transit permit. Then please remove corties with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or re-MPORTANT. If Hem 21 is marked or Hem 18 shows any injury, ar other tradmatic

TO HOSPITAL OR ATTENDING PHYSICIAN. The low etoined by the hospital or attending physician

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DHMH 16 60M 7/8 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| 24 | 1 - | FOR STATE REGISTRAR | | DEPART | | EALTH AND MENTAL HYGI ICATE OF DEATH | IENÉ REG N | 0 | | | |
|-----------|---------------|--|-----------------------|---------------------------------------|-----------|---|--|----------------|---------------------------------|-----------------|----------------|
| 4 | | EASED NAME FIRST | Α. | IDDLE | l. | ASI | 20 DATE OF DEATH | MONTH D | AY YEAR | 26 HOUR | _ |
| | TYPE | HARRY | R | 9 | Ro | BERTS | OCTOB | FR ? | 3 1987 | 6:25 | 7 _M |
| ı | 3 SEX | | 4 RACE | | 5 DATE C | OF BIRTH | 6 AGE (IN YEARS LAST BIR | THDAY | IF INDER I YEAR | IF UNLIER 24 HE | _ |
| | | Male | Caucas | | | ember 15, 1917 | 69 | YRS | | | _ |
| \square | | RTHPLACE TATE OR FOREIGN OUNERY) | 76 CITIZEN OF V | VHAT COUNTRY? | MARRIE | NEVER MARRIED | 9 BALTIMORE CITY C | RCOUNTY | OF DEATH | | |
| | Pe | nnsylvania | United | States | WIDOWE | D DIVORCED | Montgo | nery C | ounty | | MD |
| 0 | | ry or town of DEATH | | OSPITAL, NURSING FACILITY GIVE STREET | | OR OTHER INSTITUTION | 124 USUAL OCCUPATION OF COMMON TO Salesman | F WORKING LIFE | 126 KIND OF INDUSTRY Truc | | OR |
| | USUA | L RESIDENCE (IF NURSING HOME C | | | | OT WALLDON COLUMN | 1 | | | | — |
| 5 | | ryland Mon | tgomery | Potomac | N | YES NOW | 8215 Tucke: | | ane / 2 | 0854 | |
| en. | 14 FA | THER'S NAME | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | | | | | |
| 1 |) | Ernest | R. | Robert | S | Norma | WIDDLE | | Hornbe | rger | |
| | | AS DECEASED EVER IN U.S. A | | 166 SOCIAL SECU | IRITY NO | 17 INFORMANT | ADDRE | SS | | | _ |
| / | { 4 | | & Korea | 217-26- | 4885 | Mrs. Florence | H. Robert | s, Wif | e, Same | as #] | 13 |
| 1 | | 18 CAUSE OF DEATH (Enter of | nly one cause per l | line far ia , (b. an | d LC | | | | APPROXIM BETWEEN OF | NATE INTERVAL | Гн |
| - 1 | | PART I DEATH WAS CAUS | ED BY | asmo | / | meuman | | | | | |
| - 1 | | IMMEDIA | TE CAUSE (0) | 00000 | 2047 | 7.7.00,000 | | | | | |
| | | | DUE TO, OR | AS A CONSEOU | NCE OF | 0. | 1. + | | do | | |
| | | Conditions, if any, which gave rise to immediate | (b) | cece | Lu us | include acc | ioung | | July 1 |) / | _ |
| | | cause to stating the | DUE TO, OR | AS A CONSEQUE | NCE OF | | | | | | |
| | | underlying couse lost | (c) | | | | | | | | |
| | NO | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | NTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERMI | inal disease or con | DITION GIVE | EN IN PART 1 o | | |
| K | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDIT | ION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b IF YES | , WERE FINDING | GS USED | _ |
| 2 | FIC | | | | | | YES NOK | IN CERTIFY | YING CAUSES (| DF DEATH? | |
| | ERT | 710 ACCIDENT WAS UNDERLYING | 7 216 TIME OF | INJURY | | 21c HOW INJURY OCCURR | | | | | - |
| 7 | | OR CONTRIBUTING CAUSE OF DI | | A. MONTH DA | AY YEAR | | CO TENTER TRANSPORT | | | | |
| | MEDICAL | (IF EITHER NOTIFY MEDIC ALEXAMIN | | | 19 | | | | | | |
| | AED | 21d INJURY OCCURRED | 21e PLACE C | OF INJURY SET FACTORY OFFICE F | ARM ETC) | 211 LOCATION STREET | ITY OR LO | IWN. | COUNTY | STATE | |
| | ~ | A WORK NOT WHILE | | | | | | | | | |
| | | 220 I certify that (I) (this has | | deceased from_ | 10, | 19 | to /0/2] | | 19 0 1 | not ill (we) l | ost |
| | | saw the deceased alive a above, (1) (we) (did (did n | 10/23 | 19_0 | 7 6 | nd that in my (aur) apinion d | death accurred on the d | ate and hour | and from the c | auses stated | |
| | | 22b SIGN 11 Werland I did h | at view the body o | offer deoff | -! | DEGREE | | | 22c DATES | IGNED | |
| | | Iles of | M. O. | .L | il | ATTENDING PHYSICIAN | MEDICAL STA | | 18/21 | 1/47 | |
| 7 | | 22d HAN'S NAME (TYPE | OR PRINT) | 4-1 | | 22e ADDRESS | Conceron Dillion | ,12(1) | 1 / - | 10/ | — |
| | | John R. | Mehrich | | | 911 Russell | Avr. Ga | . then & | us mo. | 2087 | 9 |
| | | URIAL, CREMATION, REMOVA | 23b DATEOC | tober 23c | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | COUNTY | STATE | |
| | E | Burial/Transit | 26,19 | 87. Re | | k Cemetery | Reinbeck | | | Iowa | |
| 4 | 24 FU | INERAL DIRECTOR Rober | t A. Pum | phrey Fu | neral | Home/ 250 DATE | REC D BY REGISTRAR | 1 1 2 | - 1 M | RE | |
| | 30 | 00 W. Montgomer | rille, In y Avenue | , Rockvi | lle, | MD. 20850 00 | 27 198/ | Julia Di | Cugary-Ka | delle | |

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FOR

| STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH | HYGIENÉ |
|--|---------|
| LAST | 2a DA |

3009

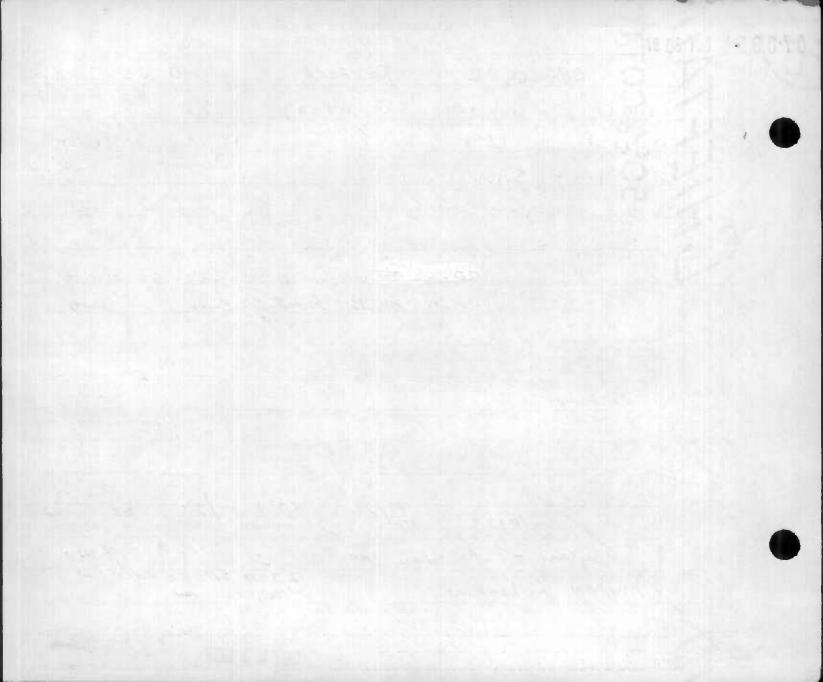
| 35 87 | ATE GISTRAR | | CERTIFIC | ATE OF DEATH | REG. N | O. | | |
|------------------|--|--|-----------------------------|--|---|---|-----------------------|---------------------|
| I DECEAS | SED NAME FIRST CHA | ARLES E. | Roc | CHFORD | 2a DATE OF DEATH | O 23 | YEAR 21 | 12 PI |
| 3_SEX | nale | 4 RACE White | 5 DATE OF E | BIRTH DAY YEAR O 7 9 7 | 6 AGE (IN YEARS LAST BIR | YRS | DAYS H | FUNDER 24 H |
| 70 BIRTHP | PLACE (STATE OR FOREIGN TRY) USA | USA | OUNTRY? 8 MARRIED WIDOWED [| DIVORCED [| 9 BALTIMORE CITY C | gomera | KIND OE E | Aty |
| Sil | verspring | (IF NOT IN SUCH FACILITY, | GIVE STREET ADDRESS) | STILL NATIONON | Gardener | OF WORKING LIFE) IN | igh Sc | oosev |
| 13a STATE | yland ma | | Ver Spring | BE INSIDE CITY LIMITS? YES NO NO NO NA | 130 STREET ADDRESS | | 2090 |) [|
| | Thomas DECEASED EVER IN U.S. | | hkord | Mary 7 INFORMANT | Jane ADDRI | - 55 | O'Ne | il_ |
| NO. | O OR UNKNOWN) (1F YES | GIVE WAR OR DATES) | 03-6529 E | Edna W. Roch | | Same | APPROXIMA BETWEEN ONS | JUQ. |
| ga car uni | anditions, if any, which average rise to immediate use (a), stating the idenlying cause lost | DUE TO, OR AS A C | | OT RELATED TO THE TERA | min al disease or con | DITION GIVEN IN | PARI Ira | |
| 윤 | DATE OF OPERATION | 198 CONDITION FO | DR WHICH OPERATION V | WAS PERFORMED | 200 AUTÓPSY? YES NO | 20b IF YES, WER IN CERTIFYING YES | CAUSES OF | S USED F DE ATH? |
| 0 | ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF FEITHER NOTIFY MEDICAL EXAM | FDEATH HOUR A.M. MC | ONTH DAY YEAR | No. How injury occur | RRED (ENTER NATURE OF INTU | RY IN ITEM 18 PART LO | RPART 2) | |
| ¥ WH | INJURY OCCURRED HILE NOT WHILE OVER AT WORK | 21e PLACE OF INJU | | II LOCATION STREET | CITY OR TO | WN (| YINUC | STATE |
| | saw the deceased alive | ospital) attended the decease of 23 and view the body after decease of | 19 87 and 1 | that in my our) opinion GREE ATTENDING PHYSICIAN | to death occurred on the d | FF | | |
| 22d | PHYSICIAN'S NAME (14 MYRON | YPE OR PRINT) L. LENKIA | | 22e ADDRESS 2-3 | | REFIELD | RO | |
| Bur | AL, CREMATION, REMOVING INC. ALL DIRECTOR Fra. NAME Fra. | | 231 NAME OF CEN | METERY OR CREMATORY | 23d LOCATION CITY OR TOWN SILVET SPA TE REC'D. BY REGISTRAR | rina Man | taamah | state |

University Blud, W. Silver Spring.

OCT 2 9 1987

DHMH 16 50M 4/83 (VRA 15, 4)

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FOR STATE

STATE OF MARYLAND

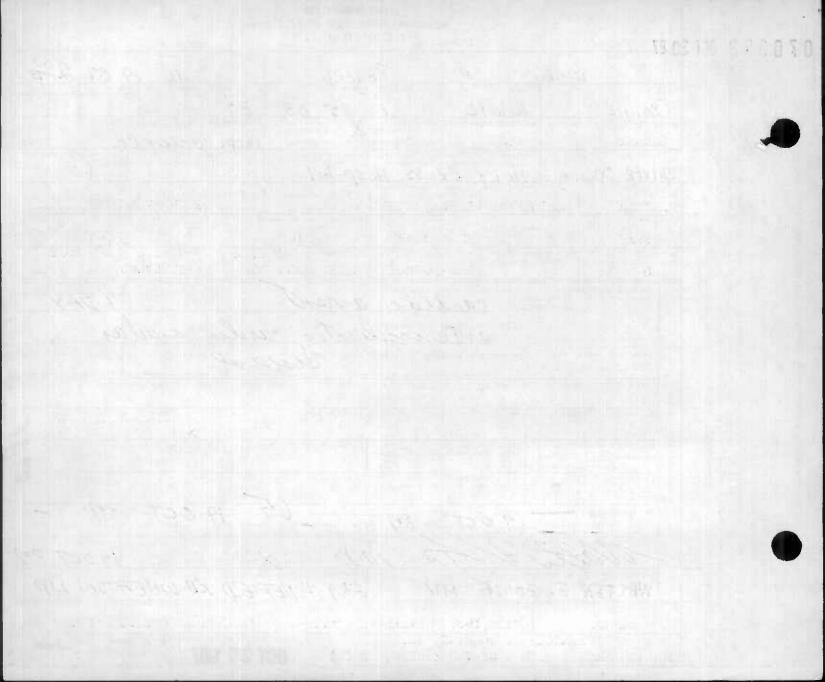
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| an s | REGISTRAR | | | CERTIFIC | CAIL OI DEATH | | REG NO | | |
|---------------|--|------------------------|-------------------|-------------------|---------------------------|-------------------|-----------------|--|--------------------|
| | CEASED NAME FIRST | MID | DIE | LA | ST | 20 DATE OF DE | ATH MONTH | DAY YEAR | 26 HOUR 3 |
| (117) | MAK | 2// | A | RA | CEPS | | 10 | 19 87 | 25 |
| 3 SE | | 4 RACE | • | 5 DATE O | F BIRTH | 6 AGE (IN YEAR | LAST BIRTHDAY | IF UNDER LEAR | IF NUER : HR |
| 1 | -cmale | 2.16:45 | ç | MONTH | 25 03 | l o.L | | MON HS DAIL | HUUR! MIN |
| 70 B | BIRTHPLACE TATE OR FOREIGN | 76 CITIZEN OF WI | HAT COUNTRY | (? 8 | Y | 9 BALTIMORE | | INTY OF DEATH | |
| | COUNTRY) | | | MARRIED | | Magle | | 1. | |
| | CANADA | USA | SDITAL NILIDS | WIDOWEI | D DIVORCED DIVORCED | 120 USUAL OC | OMERI | 1 CO. | BUSINESS OR |
| 6 | Lyca boo | | ACILITY GIVE STRE | ET ADDRESS) | 1 / | TYPE OF WORK FO | | ING LIFET INDUSTRY | |
| <u> </u> | HIYER OPEING | 11064 | CRO | | SPITAL | EDITOR | | CHURC | H |
| 130 | JAL RESIDENCE IF NURSING HOME STATE 136 CO | UNTY | CITY OR TO | WN I | 134 INSIDE CITY LIMITS? | 13e STREET AD | DRESS / ZIP C | ODE | 00000 |
| | | TGOMERY | SILVER | SPRING | YES NO | | 3ROOKHA | VEN DRIVE | 20902 |
| 14, F. | ATHER'S NAME FIRST | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | | NIDDLE | LAST | |
| | FRED | H | ENDRICK | CSON | TRESSIE | | | MCGUIF | ŁΕ |
| | WAS DECEASED EVER IN U.S. | ARMED FORCES? II | 6b SOCIAL SEC | CURITY NO. | 17 INFORMANT DAUG | GHTER | ADDRESS 1 | 70 PLANK F | (OAD |
| | NO NO | | 220-34- | -9033 | BETTY MCCONE | KEY | GETTYS | BURG, PA | 17325 |
| | 18 CAUSE OF DEATH (Enter | only one cause per lir | ne lor a . (b a | and ic | 1 | | | APPROXIM BETWEEN OF | NATE INTERVAL |
| | PART L DEATH WAS CAU | SED BY | ands | ac | arren() | | | A | 4 Y |
| | | | | | 0 (| 0 | | 1 | |
| | Condition to 111 | DUE TO OR / | AS A CONSEO | UENCE OF | enotice O | andro | nasi | ullas | |
| | Conditions, if any, which gave rise to immediate | (b) 40 | IUXIV | 00500 | chore c | 2,000 | 7 7 0 | -01 -07 | |
| | couse as stating the underlying cause last | DUE TO, OR | AS A CONSEO | UENCE OF | del | and | | | |
| | | (IC) | | | OUL | | | | |
| z | PART 2 OTHER SIGNIFICAN | T CONDITIONS CON | ITRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERA | MINAL DISEASE C | RCONDITION | GIVEN IN PART 1 a | |
| CERTIFICATION | | | | | | | Ton. | | |
| CA | 190 DATE OF OPERATION | 196 CONDITI | ON FOR WHIC | H OPERATION | WAS PERFORMED | 200 AUTOPS | 100 II | FYES, WERE FINDING ERTIFYING CAUSES O | DS USED DF DEATH? |
| RITE | | | | | | | ○ ⊠ | YES | NO 🗌 |
| | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | 116 TIME OF | MONTH | DAY YEAR | 21¢ HOW INJURY OCCUR | RRED LENTER MATUR | OF NURY IN ITEM | M 18 PART OR PART | |
| CAL | (IF EITHER NOTIFY MEDICAL EXAMI | CAIN | | 19 | | | | | |
| MEDICAL | 214 INJURY OCCURRED | 21e PLACE OF | | | 211 LOCATION | | ITY OR TOWN | (OUNIY | STATE |
| Σ | AT WORK AT WORK | (AI HOME STREE | T FACTORY OFFICE | E FARM ETC | SIRCE | _ | | , , , , | |
| | 22a I certify that (I) (this ha | attended the | deceased from |) | 19.66 | 7 10 10 | 007 | 19871 | nat (lue das |
| | saw the deceased alive | on 1900 | 19 | 001 | d that in (my) on opinian | death accurred o | n the date and | have and from the co | auses stated |
| | above, (I) (a) (did) | yiew the body at | ter death. | 11334 | DEGREE | | | 22c DATES | IGNED |
| | 11/1/16 | 191 | 10 | 1/1 | MA ATTENDING | MEDICAL | STAFF | 100 | TO |
| | 22d PHYSICIAN S NAME (TYP | E OR BRIDGE | 10 | A/11 | PHYSICIAN 176 ADDRESS | DIRECTOR | PHYSICIAN _ | 1/00 | -10 |
| | 1 1 | G002H | MD | | 2309 SHORE | FIELD A | en wit | HEATON | MD |
| 23a | BURIAL, CREMATION, REMOV. | AL 236 DATE | 730 | NAME OF CE | METERY OR CREMATORY | 23d LOCATIO | N | ** | |
| | BURIAL | OCT21,1 | 987 I | PARKLAW | N CEMETERY | ROCKV | ÎLLE MO | NTGOMERY I | MD |
| 24 F | FUNERAL DIRECTOR FRANCE | | | | | | | | |
| | 00 UNIVERSITY I | | ADDIRES | | D 20901 N | T 2 0 10 | 27 | GISTRAR SSIGNATU | della |
| 1 -1 | OO ONTARKOTTI 1 | THU IN UTH | A TITLE DY I | لتل و ٢٠٠٠ د ســـ | O J O I | 1 4 3 3 | MI C | | |

DHMH 16 60M 7/8 (VRA 15, 4)

BP.

TO THE RAID DIRECTOR AND THE TOTAL HOUSE DEED SIGNED by the other dring physician multi-tival the determinant of the property MUDITANT THE 21 THE ENTER SHOWS ON INJURY, OF Other troumatic event, the



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| OCT : | 3 8 | FOR TATE REGISTRAR | | | | ALTH AND MENTAL HYG CATE OF DEATH | IENE REG NO | | 4 |
|-------------------------|--|---|------------------------------|--------------------------------|------------|---|--|--|--------------------------------------|
| | | CEASED NAME FIRST | MIDDI | | TAS | st | 20 DATE OF DEATH M | ONTH DAY YEAR | 26 HOUR |
| | | ROBERT | | R | OSEN | VBAUM | OCTOBE | R 19,198 | 7 4525 Am |
| | 3 SEX | Х | 4 RACE | | DATE OF | | 6 AGE (IN YEARS LAST BIRTHE | DAY) IF INDER YE | AR IF UNDER 24 HP |
| k | MA | ALE | CAUCASIAN | | JAN | 22 1912 | 75 | YRS | NO 78 3 |
| 50 | 7a. BI | IRTHPLACE (STATE OR FOREIGN | Th CITIZEN OF WHA | AT COUNTRY? 8 | MARRIED | NEVER MARRIED | 9 BALTIMORE CITY OR | COUNTY OF DEATH | |
| 2/ | NEW YORK U | | USA | w | VIDOWED | DIVORCED _ | MONTGOMERY | Y | MD |
| | (IE NOT IN | | | FACILITY, GIVE STREET ADDRESS) | | | 120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF V AREO ENGINE | VORKING LIFE) INDUSTE | OF BUSINESS OR AVIATION |
| 3 | | AL RESIDENCE (IF NURSING HOME O | | RESIDENCE BEFORE ADA | | 13d INSIDE CITY LIMITS? | 12ª STORET ADDRESS / Z | ADMI | NISTRATION |
| 25 | | 1 2 2 | | Sarasota | | YES NO | 2521 River | | 34231 |
| £ | Name and Address of the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, which is the Owner, where the Owner, which is the | ATHER'S NAME | | LAST | 1 | 15 MOTHER'S MAIDEN NAM | ΛĒ | | #1116 |
| EV. | | JACOB | RC | SENBAUM | | LEAH | MIDDIE | L | EVINE |
| 3 / | | WAS DECEASED EVER IN U.S. AI | | SOCIAL SECURIT | Y NO. 1 | 17 INFORMANT | ADDRESS | 5 | |
| 1 | | YES NO OR UNKNOWN) (IF YES GI | IVE WAR OR DATES) | 18-18-09 | 35 | ADELE ROSENE | BAUM/WIFE/SAM | ME AS 13 | |
| er traumatic event, it | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS) IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the | DUE TO, OR AS | A CONSEQUENCE | | tatic Me | lanonce | SETWE SETWE | OXIMATE INTERVALEN ONSET AND DEATH |
| hows any injury: or the | CERTIFICATION | PART 2 OTHER SIGNIFICANT | 196 CONDITIO | n for which op | ERATION | WAS PERFORMED | 20a AUTOPSÝ? YES NO | 206 IF YES, WERE FINI IN CERTIFYING CAUS YES | DINGS USED ES OF DEATH? |
| 18 | | 210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE | 216. TIME OF IN HOUR A.M. | MONTH DAY | YEAR | 21c HOW INJURY OCCURR | ED (ENTER NATURE OF INJURY | IN ITEM 8 PAR OF PART. | |
| ed or Hen | MEDICAL | (IE EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE | 21e PLACE OF II | NJURY FACTORY OFFICE FARM | 19 ETC) | 211 LOCATION STREET | (ITY OR IOWN | 4 COUNTY | TAIE |
| 21 is marked | | 22a.1 certify that (1) (this hasp saw the deceased alive an abave, (1) (we) (did) (did no | 1 get | 19_19_U | Juli | nat in (my) (aur) apinian c | leath accurred an the date | 19 8 7 | that I (we) last he causes stated |
| ZT. # #em | | 226 SIGNATURE J | Smith | | | | MEDICAL STAFF DIRECTOR PHYSICIA | | -1952 |
| STA / | | 224 PHYSICIAN'S NAME (TYPE | OR PRINT) | | | 22e ADDRESS | | | 1 |
| | | | | | | | | | |
| Ody Pody | | DR. FRED SM | ITH | | | 5401 WESTERN | AVENUE, NW | WASHINGTO | N, DC |
| IMPORTANT | | BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATIO | L 23b DATE | 1987 METR | OPOL | 5401 WESTERN METERY OR CREMATOR ITAN CREMATOR | 23d LOCATION | OUNTY | N, DC VIRGÎNIA |

DHMH = 16 60M 7/84 (VRA 15, 4)

retained by the haspital ar TO HOSPITAL OR

BP.

HHY SHAVAL STRING

THE PERSON

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| STATE OF MARYLAND | 2 / |
|---------------------------------|---------|
| DEPARTMENT OF HEALTH AND MENTAL | HYGIENE |
| CERTIFICATE OF DEATH | |

| 8 7 OCT -8 17 FOR STATE REGISTRAR | | | EALTH AND MENTAL HYGICATE OF DEATH | REG. NO | | | | | | |
|--|--|------------------------|--|---|---|------------------|---------------------------|--|--|--|
| 9 O | RRIS H. | ROS | ENBERG | 20 DATE OF DEATH 2 | ,1987 | YEAR 26 | :20p | | | |
| 3 SEX Male | 4 RACE Caucasian | 5 DATE O | rch 19,1917 | 6 AGE (IN YEARS LAST BIR | THDAY) IF UNE | DER TYPEAR IF L | RO MIN | | | |
| Washington, D.C. | 76 CITIZEN OF WHAT COUNTRY? USA | 8 MARRIED WIDOWE | NEVER MARRIED . | 9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery | | | MD | | | |
| Chevy Chase | 11. NAME OF HOSPITAL, NURSIN HE NOT IN SUCH FACILITY, GIVE STREET 20 Farmington | IG HOME O | R OTHER INSTITUTION | 12a USUAL OCCUPATION (TYRE OF WORK, FOR MOST OF WORKING LIFE) INDUST Physician 1eal | | DUSTRY | of Business or Care | | | |
| USUAL RESIDENCE HE NURSING HOME OR 130 STATE 130 COUN Florida Falm | OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 134. CITY OR TOW Beach Singer I | N | 134 INSIDE CITY LIMITS? YES NO TH | 13ª STREET ADDRESS / 5380 No. O | | ,Apt.2 | ИИИ 2-н | | | |
| Jacob | Rosenbe | rg | 15. MOTHER'S MAIDEN NAM Pauline | MIDDIE | | Hirsh | | | | |
| 160 WAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SECU EWAR OR DATES) 579 18 | | 17 INFORMANT Steven Rosei | nberg 8621 | Coral Gienna, V | ableşı | Lane 80 | | | |
| | 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Colon Cancer | | | | | | | | | |
| | gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF | | | | | | | | | |
| CERTIFICATION CERTIFICATION CERTIFICATION CERTIFICATION STATE OF OPERATION A COLUMN AND A C | 196 CONDITION FOR WHICH | OPERATION | N WAS PERFORMED | 200 AUTOPSY? | 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO | | | | | |
| OR CONTRIBUTING CAUSE OF DEA | HOUR A.M. MONTH DA | AY YEAR | 21t HOW INJURY OCCURR | | RY IN HEM 18 PART | R PART . | - Income | | | |
| AT WORK AT WORK | 21e PLACE OF INJURY LAT HOME STREET FACTORY, OFFICE F | | 2H LOCATION STREET | CITY OR TO | WN | YIMUC | TATE | | | |
| 220 I certify that (I) AIX A A A S A S A S A S A S A S A S A S A | OCT. 10 | Aug. | 21 X19 84 d that in (my) (our) opinion d | . 10 | 0 19 | | (I) (X) last es stated | | | |
| A the back of the control of the con | Virstey | W | | MEDICAL STAF | | Oct. 2 | ,1987 | | | |
| A A B S S Z Y RIVE HAROLD S. Mi | rsky, MaD. | | Washington, I | | | | | | | |
| 23 BURIAL CREMATION, REMOVAL BURICLE A | | | emetery or Crematory vid Memorial dens | 23d LOCATION | Church, | Fairfa Virgin | x Go., | | | |
| HMH = 16 60M 7/84 24 FUNERAL DIRECTOR IVES P NAME (VRA 15, 4) | earson Funeral H Is Church, Vargi | omes nia 2 | 2046 250 DATE | REC'D. BY REGISTRAR | Per REGISTRATES | SIGNINGRE | | | | |

Comment Server Service

The Execution of the Execution of the Execution

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lled in by the funeral director page 3 and be filed within 72 haurs after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 2 | 1. | FOR STATE REGISTRAR | | DEPARTN | | EALTH AND I | | IENE | REG. NO. | 9 | 3 2 | |
|----|---------------|--|-----------------------|--|-----------------|--------------|-------------|--|--|-----------------|----------------------|----------------------------------|
| Em | 1 DE | CEASED NAME FIRST | MIC | DOLE | ì | AST | | 20 DATE OF | | NTH DA | Y YEAR | 26 HOUR |
| | LITTE | Etta | | | Rı | ıbin | | | 1 | 0-17- | 87 | 8 50 A |
| | 3 SE | | 4 RACE | | 5. DATE C | | 20 27 | | LINDER I YEAR | IF UNDER LITHER | | |
| | | Female | Cau | casian | 02 | DAY 2 | 08 | 7 | 9 | YRS | INTHS DAYS | HOUR! MIN. |
| | | IRTHPLACE ATE OF FOREIGN | 76 CITIZEN OF WI | HAT COUNTRY? | 8 MADDIE | D NEVERA | APPIEDX | 9 BALTIMOR | E CITY OR C | OUNTY | F DEATH | |
| ľ | BI | ROOKLYN, N.Y | U.S.A | | WIDOWE | D DI | ORCED | Monte | gomery | Cour | ntv | MD. |
| h | 10 C | ITY OR TOWN OF DEATH | SPITAL, NURSIN | PITAL, NURSING HOME OR OTHER INSTITUTION CILITY, GIVE STREET ADDRESS] | | | | 128 USUAL OCCUPATION 126 KIND OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY | | | | |
| u | | Bethesda, MD | | | | ERK | GOODWILL | | | | | |
| f | USU 13a S | AL RESIDENCE (IF NURSING HOME O STATE 136 COU | ROTHER INSTITUTION GI | ban Hosp | ADMISSION) | 13d INSIDE C | CZTIAALI VI | 13e.STREET A | DDESS / 71 | P CODE | | |
| Ē | M | | GOMERY | ROCKV | | YES X | NO [| | | | E RD. | (20852) |
| 0 | 14 FA | ATHER'S NAME FIRST | MIDDLE | LAST | | | MAIDEN NA | ME | | | | |
| 1 | | DAVID | Model | RUBIN | | ES | THER | | WIDDLE | | SILVI | ERMAN |
| | | WAS DECEASED EVER IN U.S. AT | RMED FORCES? 10 | | | | | E | STLVF | ER SI | PRING | , MD |
| | | NO | | 213-40-7 | 7546 | DEVO | IRA S | HERMAN | : 713 | HE | RMLEI | GH RD |
| | | 18 CAUSE OF DEATH (Enter o | nly one cause per lir | ne for (al _g (b), and | lic / | | | | - 1 | | APPROXI BETWEEN C | MATE INTERVAL DISET AND DEATH |
| | | 18 CAUSE OF DEATH. Enter only one cause per line for ia, (b), and ic PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE o) Cardio Pulmonary are allowed. | | | | | | | | | | |
| | | DUE TO, ORAS A CONSEQUENCE OF | | | | | | | | | | 0 |
| | | Conditions, if ony, which (b) Itobably My ocardial Illa 12 Than | | | | | | | | | | a. |
| | | gove rise to immediate cause to, stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF UNDERLYING CAUSE LOST | | | | | | | | year. | | |
| 1 | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI | | | | | | | | ON GIVEN | V IN PART 110 | |
| | ON ON | THE STATE OF THE STATE OF THE STATE OF THE STATE OF CONDITION GIVEN IN PART II O | | | | | | | | | | |
| > | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITIO | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED | | | | | 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? | | | |
| L | RTIF | | | | | | | YES | NOD | YES | | NO [] |
| | | 210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE | JURY OCCURR | RED (ENTERNAT | RE OF INJURY IN | ITEM IS PAR | T OR PART, | | | | | |
| | CAL | (IF EITHER NOTIFY MEDICAL EXAMINE | 7111 | MONTH DA | 19 | | | | | | | |
| | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF | INJURY FACTORY OFFICE FA | RM ETC) | 21f LOCATIC | N | | CITY OR IOWN | | OUNTY | MATE |
| | - | AT WORK AT WORK | | | | | | | | 3 | 0.3 | |
| | | 220.1 certify that (1) this haspital attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19 | | | | | | | | | | |
| | | saw the deceased give an 19 - 19 and that in (my) our) opinion death accurred on the date and hour and from the causes stated above, (1) we) (did) did not view the body after death. | | | | | | | | | | |
| | | DEGREE 220 DATE SIGNED | | | | | | | | | | |
| | | ATTENDING MEDICAL STAFF 10-17-87 | | | | | | | | | | |
| | | 22d PHYSICIAN'S NAME (174PE OR PRINT) ALRIOL, MD 6131 MONTRO SE Rd | | | | | | | | | | |
| | | 101610 2 | , HLD. | 10011 | (1) | 1610 | | | 0 - | | 1-9 | |
| | (| BURIAL, CREMATION, REMOVAL | | | | EMETERY OR C | | 23d LOCAT | IOWN | | OUNTY | STATE |
| | | BURIAL | 10/19/ | | | OLOM CO | | | | |)N, D.(| |
| | 7 1 | UNERAL DEANZANSKY | -GOLDBE | RG MEM | ORIA | L CHAP | ELS A | 353 405 | RAR 256 | REGISTAL | IR SAICHAN | URE |
| | T T | 70 ROCKVILLE | PIKE: R | OCKVIL | LE,] | MD 208 | 52 | - 100 | W. W. | | | 4. |

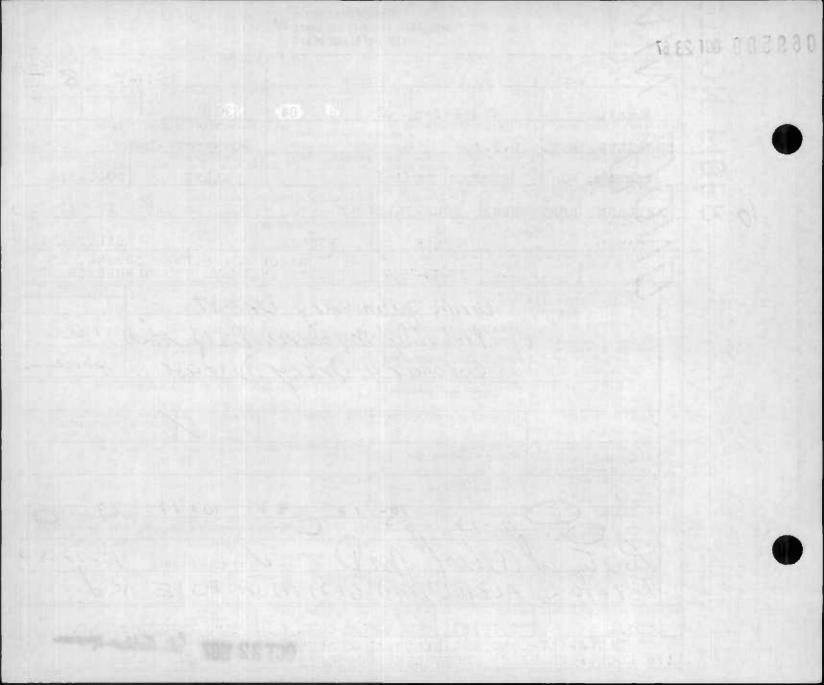
DHMH = 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept of Health and Mental Hygiene priar to burial, cremation, ar removal.

MAPORTANT: If Hem 21 is marked or Item 18 shows any

ar other traumatic event, the



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

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| 1 | | | | STAT | TE OF MARYLAND | 6/ | 3 J | 1 | 4.0 |
|---------------|---|----------------------|--|--------------|---------------------------------------|--|------------------|-----------------------|------------------------------------|
| 1 | FOR - STATE | | DEPART | | HEALTH AND MENTAL H | YGIENE | | 1247 | |
| | REGISTRAR | | | CERTI | FICATE OF DEATH | REG. N | 10 | | |
| | PE OR PRINT! | | MIDDLE | | LAS1 | 2a DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR |
| | | rginia | M. |] | RUBY | October | 28, 198 | 37 | 1:02 Am |
| 3 S | EX | 4 RACE | | 5 DATE | OF BIRTH | 6 AGE IN YEARS LAST BE | RTHDAY) IF III | NUER YEAR | IF NIFR 4 MIN |
| | Female | White | 3 | | g. 10, 1911 | 76 | YRS | A | 70 H MIN |
| 70 | BIRTHPLACE III TE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 AAARDII | D NEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY OF | DEATH | |
| 1 | Maryland | | JSA | WIDOW | ED DIVORCED | x Mon | tgomery | | MD |
| | ockville | LIE NOT IN SUI | HOSPITAL, NURSII CH FACILITY, GIVE STREET LY Grove | ADDRESSI | or other institution tist | 170 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY HOUSEWIFE | | | F BUSINESS OR |
| USI 13a | UAL RESIDENCE (IF NURSING HOME STATE 136 CO | OR OTHER INSTITUTION | 134 CITY OR TOV | | 1 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | / 71P CODE | | |
| 100 | | tgomery | Germant | | YES NO X | 1.0901 Wa | | oad 2 | 20874 |
| | FATHER'S NAME | MIDDLE | LAST | | 15 MOTHER'S MAIDEN | | | LAS | |
| 4 | Harry | R. | Savage | | Osie | WIDDLE | Po | oole | |
| 16a | WAS DECEASED EVER IN U.S. | ARMED FORCES? | 166 SOCIAL SECT | URITY NO | 17 INFORMANT | ADDR | ESS | | |
| | No | 216-38-6265 | | | Eleanor Ramseur, Item 13 | | | | |
| | 18 CAUSE OF DEATH Enter | only one cause per | line for a , b or | nd c | | A - | | APPROXIV BETWEEN C | MATE INTERVAL |
| CERTIFICATION | gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN CONUM. 19a DATE OF OPERATION | conditions co | Heart | DEATH BUT | I NOT RELATED TO THE TE | RMINAL DISEASE OR CON | 20b IF YES, WI | ERE FINDIN | IGS USED |
| E | | | | | | YES NO | YES | | NO [|
| MEDICAL CE | 7]q ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E | DEATH HOUR A | DEINJURY M. MONTH D M. | AY YEAR | 21c HOW INJURY OCC | JRRED ENTER NAT RE FINE | RY IN TEM B FART | RPARI, | |
| MED | 71d INJURY OCCURRED | | OF INJURY REET FACTORY OFFICE | FARM ETC) | 211 LOCATION | CITA ON LO |)wn | OUNTY | TATE |
| | 22a I certify that (I) (this has saw the deceased alive a above, (I) (we) (did (did | on 8/37/4 | 019 | 57. | nd that in (my) (out) opinion | n death occurred on the d | | | that (we) last causes stated |
| | 22h. SIGNATURE | 7, | | 0 | DEGREE | | | 22c DATE | SIGNED |
| | 22d PHYSICIAN'S NAME ITYPH | IV De | reen / | 128) | ATTENDING PHYSICIAN 22e ADDRESS | DIRECTOR PHYSI | FF CIAN [] | Oct. | 28, 198 |
| | Richard 1 | | , M.D. | | | ntown Rd., G | ermanto | wn, Mo | d. 20874 |
| 23a | BURIAL, CREMATION, REMOVA | AL 236 DATE | 230 | NAME OF | EMETERY OR CREMATOR | Y 23d LOCATION | | | |
| | Burial | Oct.30 | 1987 | Mon | ocacy | Beallsvi | | ntgome | ery, Md. |
| 24 | FUNERAL DIRECTOR | | A ADMINI | | 14.0 | ATEREC D BY REGISTRAR | 256 REGISTRAR | S SIGNATI | URE |
| | Olin L. Mole | esworth, F | ·A., Dam | ascus | , Md. | 198/ | the less | 25mo FM | nd 6.9.M |

DHMH - 16 60M 7 84 (VRA 15, 4)

BP.

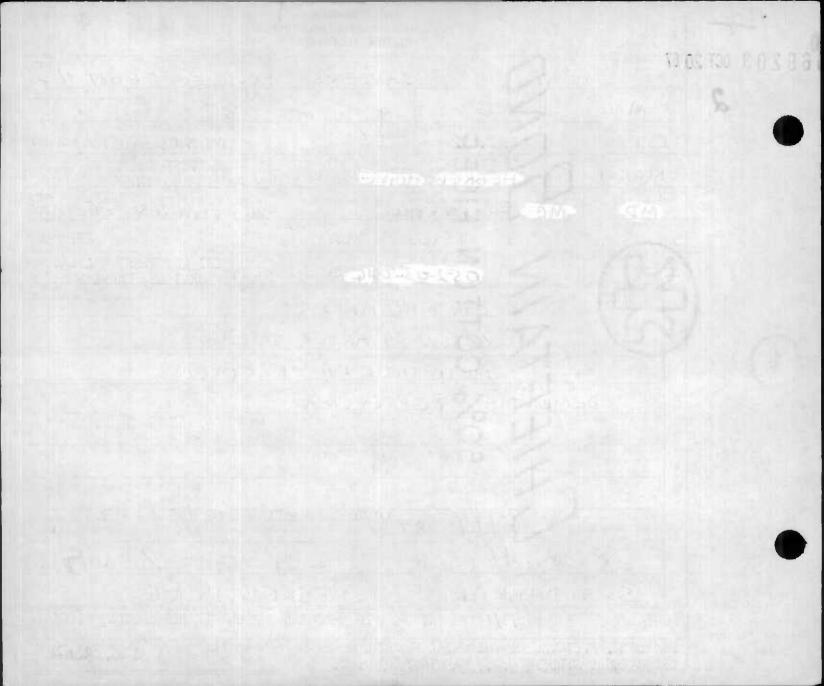
TO FUNERAL DIRECTOR. After this certifical should be detached for use as the burial-transit with the State Dept of Health and Mental HygingAPORTANT If them 21 is marked at them 18 th

and the second of the second of the second

20852 CONGRESSIONALLANE SEIDMAN MARYLAND APPROXIMATE INTERVAL TICKA OF COLON. 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED ENTER NA WE FIN THE BEAR' REPAR'. IN OR TOWN opinion death occurred on the date and hour and from the couses stated STAFF PHYSICIAN DIRECTOR PHYSICIAN HEBREW HOME KING DAVIOR MEMORIAL GARDEN SIN FALLS CHURCH, VIRGINIA BURTAL CREMATION, REMOVAL 27079/1987 DOTE REC D BY REGISTRAR 25 REGISTRAR'S SIGNATURE 24DONALDIRMIORSTEIN HEBREW MEMORIAL FUNERAL HOME DHMH 16 60M 7/84 (VRA 15, 4) 232 CARROLL STREET, N. WASHINGTON, D. C.

STATE OF MARYLAND

26 HOUR 5



069

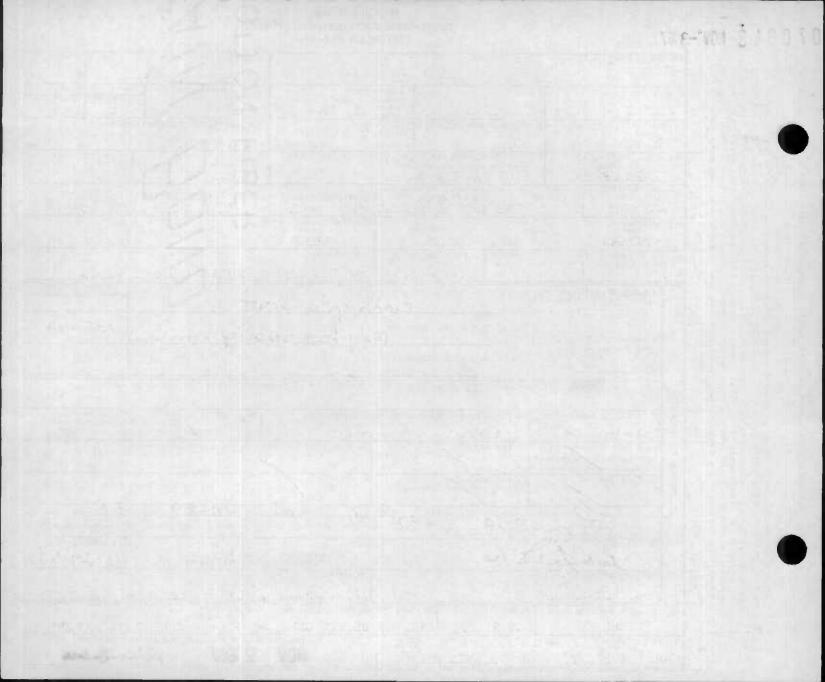
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

| מווס לוום | 20 | FOR STATE GGISTRAR | DEPART | | FICATE OF DEATH | REG. NO. | |
|--|------------|--|--|------------|--------------------------|------------------------------------|----------------------------|
| 0 1 1 1 001 | | CEASED NAME FIRST | MIDDLE | | IAST | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| be 3 death | [I YPE | JOSEPI | H J. | SAI | NDERS, JR. | OCTOBER 12, 19 | 87 7:20A M |
| a pod | 3 SE | | 4 RACE | 5 DATE | OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF INCIER FEAR IF NEER AME |
| ge 4 | MA | ALE | CAUCASIAN | MAY | 16 1914 | 73 YRS | NUNTH IAT HE RE MIN |
| Page day | | RTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CITY OR COUNT | Y OF DEATH |
| the State of the | | NNECTICUT | USA | WIDOWI | _ ^ | MONTGOMERY | MD |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 10 C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 126 KIND OF BUSINESS OR |
| s of | SI | LVER SPRING | HOLY CROSS H | | AL | DEPT OF AGRICUL | |
| d in d in | USU 13a | AL RESIDENCE (IF NURSING HOME OF | OTHER INSTITUTION GIVE RESIDENCE BEFOR | | 113d INSIDE CITY LIMITS? | | DE PICTURE SERVICE |
| Se ill 22 | MA | RYLAND MON | GOMERY SILVER | | | 10318 INSLEY S | TREET 20902 |
| within mine | 14 FA | ATHER'S NAME | MIDDLE LAST | | 15 MOTHER'S MAIDEN NA | ME | (AS: |
| pa de | | JOSEPH | J. SANDER | S, SR | MARGARI | | YOST |
| xecut ges I | | VAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SECU | JRITY NO | 17 INFORMANT | ADDRESS | |
| 9 5 6 | | | 2-1946 200-10- | 0281 | BLANCHE K. | SANDERS/WIFE/SAM | E AS 13 |
| 1 147 1 | | IL CAUSE OF DEATH Enter up | by nine course per lime to you the sign | d molo | an all | 1014 | APPROXIMATE PROPERTIES |
| 1 1 1 1 | | | TE CAUSE Int. | 1 all | ar vov | -USLY | 72110 |
| 1111 | | | DUE TO OR AS A CONTROL | ENCEDE | le Musou | nanNoulla Day | A. 20 MI |
| 8 1111 | | Conditions, if any, which gave rise to immediate | (10) | un | W 110704 | Lange of Marion | 1007/100 |
| 2 2113 | | couse (ii) storing the | DUE TO, OR AS A CONSEQU | ENCE OF | | / | |
| 1 【111] | | | (0) | | | | |
| 1 MIV | HON | PART 2: CITHER SIGNIFICAND | PU JULIUS CONTRIBUTING TO | SW. | Lavely | TOWAL DISEASE CIPCONDITION OF | VEN IN PART III |
| 1 1115 | FICAT | HI DATE OF OPERATION | THE CONDITION FOR WHICH | OPERATIO | WAS PERFORMED | | EYING CAUSES OF DEATH? |
| 25 1511 | RTIF | | | -// | / | YES NO Y | ES NO |
| 311110 | 8 | DECORREGIONO [] CAUSE OF DEA | | AY YEAR | 71r. HOW INJURY OCCUR | RED Treatment of people of the in- | AWIT DRIVETS |
| 20 1111/ | MEDICAL | DESTRUCTION NUMBER OF THE PARTY | n. P.M. | 19 | | | |
| E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | MED | 114 INJURY OCCURRED | 214 PLACE OF INJURY CAT HONE THEEL ACTION SHOELD | ARM (STC.) | 711 LOCATION | a cirottaye | COUNCY 104W |
| St 525 | | | | 11 | 111 | to 10/12 | 870 |
| 20 632 5 | | 22s I certify the II about hospi | tal) attended the delegated from | 24 | 19 | 2 10/12 | 10 1 that solver last |
| Article of the Control of the Contro | | ntroy (Diselided idid as | action the body offer death. | | | death occurred on the date and ho | 1 10 1 |
| At OR At Diff | | 77 SHOW DU | Xhim | asel | ATTENDING PHYSICIAN | PEDICAL STAFF | 10/15/17 |
| E 2 E 2 E 7 | | 224 PHYSICIAN'S NAME (11910) | or Personal Parameters and Personal Per | 1 | The ADDRESS / | BURKELAND MEDIC | CAL BUILDING |
| NA CHOS | | DR. ALAN KERM | MATER | / | 10313 GEORGI | IA AVE SILVER SP | |
| 51 5413 | | IJRIAL CREMATION, REMOVAL | | NAME OF C | EMETERY OR CREMATORY | 234 LOCATION | KLAN, FIII |
| BP | 100 | BURIAL | OCT15,1987 CI | EDAR E | HILL CEMETERY | SUITLAND PRINC | CE GEORGES MD |
| DHMH 14 4014 7 94 | 74.FI | MERAL DIRECTOR FRANCI | S J. COLLINS, JR. | | 25s DA1 | | TRAKS SIGNATURE |
| DHMH 16 60M 7/84 (VRA 15, 4) | 50 | O UNIVERSITY BI | VD W SILVER SPR | ING, N | ID 20901 | Part 18 1881 | - Divideon Rendage |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

| 170643 NOV- | -8 B | FOR STATE REGISTRAR | | DEPAR | | IEALTH AND MENTAL HYC | SIENE' REG. NO | |
|--|---------------|---|--------------------|----------------------|---------------|-------------------------------|--|--|
| | 1 DE | CEASED NAME FIRST | | MIDDLE | | IASI | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| be be | (TYP | | JERITE | G. | SAND | STROM | OCTOBER 28, 198 | 37 11:30A |
| moy be | 3 SE | | 4 RACE | | 5 DATE (| | 6 AGE (IN YEARS LAST BIRTHDAY) | IF INDER YEAR OF INDER JAKES |
| cror s off | F | EMALE | CAUCAS | TAN | TIII.Y | 22, 1924 YEAR | 63 YRS | WONTH JAT HUJE MIN. |
| Pog dire | 7a B | IRTHPLACE PLATE OF FOREIGN | | WHAT COUNTR | Y? 8 | V. | 9 BALTIMORE CITY OR COUNT | TY OF DEATH |
| 1 1 6 7 | | EW YORK | USA | | MARRIE | D NEVER MARRIED DIVORCED | MONTGOMERY | |
| do vithing of | | ITY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURS | ING HOME | OR OTHER INSTITUTION | 12a USUAL OCCUPATION | 126 KIND OF BUSINESS OF |
| # # # C | S | ILVER SPRING | (IF NOT IN SU | OAKVIEW | ET AOORESS) | | HOUSEWIFE | (IFE) INDUSTRY |
| ours ours | USU | AL RESIDENCE HE NURSING HOME C | ROTHER INSTITUTION | GIVE RESIDENCE BEF | ORE ADMISSION | | | |
| ND 24 h | | ARYLAND 13b COU | GOMERY | SILVER | SPRING | 13d INSIDE CITY LIMITS? | 130 STREET ADDRESS / ZIP COL | |
| thin thin | 14 E | ATHER'S NAME | | | DIRINO | 15 MOTHER'S MAIDEN NA | | DRIVE 20903 |
| d w d | 1 | BIRGER | WIODLE | GREVE | | GUDRUN | MIDDLE | MONCEN |
| RE. A | 160 | WAS DECEASED EVER IN U.S. A | RMED FORCES? | 16b SOCIAL SE | | 17 INFORMANT | ADDRESS | MONSEN |
| Ao one exe | | YES NO OR UNKNOWN) (IF YES G | VE WAR OR OATES) | 096-18- | 6113 | ROBERT SAND | STROM/HUSBAND/SA | ME AC 12 |
| Sicion pers. Pol. | = | LIS CALISE OF DEATH (Sate) | | | | T RODERT SAND | SINUMI/ NUSBAND/ SE | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 4000 | | 18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS | | r line for (o), (b), | C) | Va carla co | 3.7 | BETWEEN ONSET AND DEATH |
| N ST. | | IMMEDIA | TE CAUSE (o) | | Con | and when as | VCS | |
| PRESTON ne deoth cr ne ottendin moton. or r troumatic | | Conditions, if any, which | DUE TO, C | DR AS A CONSEG | UENCE OF | late braintun | nor (gliobbston | 15 mor. |
| PRE de | | gove rise to immediate | (b)_ | | - 17 | 1 DIGITIVI | 10 (9(10005)6) | -0. |
| W oby the serve | - | couse to stoting the underlying couse last | 1 | DR AS A CONSEG | UENCE OF | | | |
| 201 es the pleo uriol, | | PART 2 OTHER SIGNIFICANT | CONDITIONS C | ONTRIBUTING T | O DE ATH BUT | NOT PELATED TO THE TERM | MINAL DISEASE OR CONDITION G | IVEN IN DART 1- |
| SDS, | N N | | 20.10110110 | OTTINIDOTINO II | O DE AIM BOT | NOT KETATED TO THE TERM | MINAL DISEASE OR CONDITION G | IVEN IN PART TO |
| RECORDS, | CERTIFICATION | 190 DATE OF OPERATION | 19b. COND | OITION FOR WHIC | H OPERATIO | N WAS PERFORMED | 20a AUTOPSY? 20b. IF YI | ES, WERE FINDINGS USED |
| AL RE | I | July 86 | (2 | drain. | tu | mer | | IFYING CAUSES OF DEATH? |
| VITA VSICIO Cote Onsit Hygie | 1 8 | 210 ACCIDENT WAS UNDERLUNG | 7 1h TIME C | DE INJURY | | | RED (ENTER NATURE OF IN URY IN TEM 8 | |
| OF THE POPULATION | | OR CONTRIBUTING AUSE OF DE | ~ / / / | M MONTH | DAY YEAR | | _ | |
| DIVISION OF VIT | MEDICAL | THE PHILIPT OCCUPRED | 21e PLACE | OF INJURY | | 21f LOCATION | | |
| VISI | × | .53.0 500 | (AT HOME ST | REET FACTORY OFFIC | E FARM ETC) | STREET | CITY OR TOWN | (OUNIY TAIE |
| a 20 4 5 1 | Ι., | 220 I certify that (I) this hosp | ital attended th | ne deceased from | 8 | -7 10 63 | 10-29 | 19.57 that (I) (we) las |
| 41 X 34 5 | " | sow the deceased olwayou | 9-30 |)19 | 0.3 | nd that in (my) (our) opinion | death occurred on the date and ha | |
| A STATE OF THE STA | | above, (l) (we) (did) (did n | ti view the body | ofter death | | DEGREE | | 224 DATE SIGNED |
| 0 4 0 4 0 5 | | La H Son | et N | , | | ATTENDING | MEDICAL STAFF | 11.19.97 |
| E 4 4 5 5 4 7 | 4 | 224 PHYSICIAN'S NAME ITHE | (APRING) | | | 27e ADDRESS | DIRECTOR PHYSICIAN | 110 2101 |
| \$1 25 4 6 / | | DD DOV CAMDO | TDOM | | | 7701 0477077 | | |
| 01 01134 | 220 | DR. ROY SANDS | | 122 | NAME OF C | I//UI CARROLL | AVENUE TAKOMA P | ARK, MARYLAND |
| BP. | 230 | BURIAL | | | | | CITY OR TOWN | COUNTY STATE |
| BP | 74 51 | UNERAL DIRECTOR FRAN | CTC T | ,1987 G | ALE OF | HEAVEN CEMET | ERY SILVER SPRIN EREC'D. BY REGISTRAR 736 REGIS | G MONTGOMERY MI |
| DHMH 16 60M 7 84 | 5/ | O HMINEDCITY D | OID J. (| OULL INS, | JK. | | 0 4007 - | · |
| (VRA 15, 4) | 10 | 00 UNIVERSITY B | LVD W S. | LLVER SP. | KING, I | VID 20901 NOV | 4 1301 , - 20 | order-Randale |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE

0 1 0 7

| REGISTRAR | | | CERTIFICAT | LOIDI | | REG | . NO. | | | |
|--|--|-----------------------------------|--|-----------|---------------------|---------------------------|------------------|------------|-----------------------|-------------------|
| I. DECEASED NAME | FIRST | MIDDLE | LAST | | | 2a. DATE OF DEATH | MONTH | DAY | YEAR | 25 HOUR |
| (FIFE OR PRINT) | ROSEMARY | G. | SANGE | CLEE | R | | 10 | 1 | 87 | 8:15, |
| 3 SEX | 4 RACE | 1 | 5 DATE OF BIRT | TH DAY | YEAR | 6 AGE (IN YEARS LAS | BIRTHDAY | IFLING | DER YEAR | IFTINDER 24 HRS |
| F | W | | | 27 | 28 | 59 | YRS | | 5 5 5 5 5 | MIN. |
| To BIRTHPLACE + STA | TE OR FOREIGN 76 CITIZEN C | F WHAT COUNT | | | ADDIED [| 9 BALTIMORE CIT | Y OR COUN | TY OF D | EATH | -1 |
| PA. | | S.A. | WIDOWED | DIV | ORCED X | SILVER | SPR | ING | gn | only in |
| 10 CITY OR TOWN O | | | RSING HOME OR OTH TREET ADDRESS) DRIVE | IER INSTI | TUTION | 120 USUAL OCCUP | | | | F BUSINESS OF |
| MD. | F NURSING HOME OR OTHER INS NITULE 136 COUNTY | 13c CITY OR T | | | IY LIMITS? | 130 STREET ADDRES | ANS I | DR. | 20 | 902 |
| 14 FATHER'S NAME | UNK. | LAST | 15 M | | MAIDEN NAM | NK. | E | | IAST | ı |
| 160 WAS DECEASED YES NO OR UNKNOW NO | EVER IN U.S. ARMED FORCES | | 30-5449 | RUT | | | oress ster - | - S/ | /a | |
| 18 CAUSE OF I | DEATH Enter anly ane cause p | er line fai (a), (b | , and ic | | | | | - | APPROXIA BETWEEN C | MATE INTERVAL |
| PARTIDEA | IMMEDIATE CAUSE IO) | Me | monv | 7 | | | | | 2 | weeks |
| Canditians, if | ony, which immediate b), | OR AS A CONSE | inoma | of | the | Lung | | | 6 | month |
| underlying PART 2 OTHER | cause last c)_ | | | DELATED: | O THE TERM | INIAI DICEACE OD C | OND IT ION C | IN/ENLIN | (DART) | |
| | m Hodaki | n () | 14 - 2 200 | 104 0 | D | of color | ~ | IN EIN IIN | PARITO | |
| MEDICAL CERTIFICATION STORY OF THE PROPERTY O | | DITION FOR WE | ICH OPERATION WAS | 5 PERFOR | MED | 200 AUTOPSY? | IN CERT | | RE FINDIN CAUSES | OF DEATH? |
| 21a ACCIDENT W. | | OF INJURY A.M. MONTH P.M. | DAY YEAR | (NI WOF | URY OCCURR | RED ENTER NAT RE IT | NJURY IN "EM 'E | B PART D | RPART | |
| AN LITTLE IN | CURRED 21e PLAC | E OF INJURY STREET FACTORY OFF | 211 L | LOCATION | N | ity O | RIOWN | C | OUNTY | 1 ATE |
| saw the de | at (1) (this haspital attended ceased alive an we) (did) (did not view the bar | Center 1 | /2 mm | 7 | our) opinian o | eath accurred an the | | 19_S | | that (we) las |
| 270 SIGNATUR 22d PHYSICIAN | 1 decto | m0 | DE GRE | AT | TENDING HYSICIAN | MEDICAL S DIRECTOR PHY | TAFF SICIAN [| 2 | 10 | SIGNED 557 |
| ISI | set Spe | 7101 | n0 12 | 1001 | Ferra | ITA AK | Wh | ento | nM | 10 2090 |
| 230 BURIAL, CREMAT | | | 231 NAME OF CEMETE | RY OR CE | REMATORY | 23d LOCATION | 1 | 00 | NTY | TATE |
| Remova | | 2-87 | | | | | | | | |
| 24 FUNERAL DIRECTO | | ADDRE | 55 | | 250 DAL | REC'D BY REGISTR | 1 0. | A | - | URE |
| State A | Anatomy Boar | d | Balto., N | Md. | 001 | 0 9 130/ | puna | randa | 000-10 | MACHES! |

Balto., Md.

State Anatomy Board

BP

TO FUNERAL DIRECTOR After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN The retained by the haspital or attending physician.

should be detached for use as the bunal-transit permit. Then the with the State Dept of Health and Mental Hygene prior to brining the MPORTANT: If them 21 is marked or Item 18 shaws ony injury, or other troumatic.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

15 MOTHER'S MAIDEN NAME

Lillian

20 DATE OF DEATH BALTIMORE CITY OR COUNTY OF DEATH

Montgomery County

Caucasian 1916 MARRIED NEVER MARRIED United States WIDOWED TX

Collingswood Nursing Center

INDUSTRY Home maker own home 13e STREET ADDRESS / ZIP CODE 429 Christopher Ave., 20879

126 KIND OF BUSINESS OR

Wertz

APPROXIMATE INTERVAL BETWEEN ONSET AND DEA

Maryland Montgomery Gaithersburgy ES IX 14 FATHER'S NAME Harry

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

13b COUNTY

IF YE GIVE WAR OR DATES

Clementin

Sloman 166 SOCIAL SECURITY NO

ADDRESS 17 INFORMANT 141 18 1030 John Snyder, son, see #13

18 CAUSE OF DEATH Enter only one cause per line for a bland c PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause a stating the underlying cause last

DECEASED NAME

Female

no

<u>N</u>0

CERTIFICAT

MEDICAL

New Jersey

To BIRTHPLACE I THE CHE FORE SON

10 CITY OR TOWN OF DEATH

Rockville

DUE TO, OR AS A CONSEQUENCE OF

DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO

190 DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216 HOW INJURY OCCURRED (ENTER NATURE OF INTURY IN ITEM & PART | JR PART .

210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC.) AHUE NO WHIE

0

22a. I certify that all 1this hospital attended the deceased from

ITY OR TOWN

206 IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

sow the deceased alive on abave, (1) (we) (did) (did not view the body ofter death

DEGREE

ATTENDING PHYSICIAN IL DIRECTOR PHYSICIAN

230 BURIAL CREMATION REMOVAL

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION Trenton,

and that in (my) our opinion death occurred on the date and hour and from the causes stated

gernantoun Rd, ge

20a AUTOPSY?

DHMH 16 60M 7/84 (VRA 15, 4)

Riverview Cemetery Oct.15 Burial

A. Pumphrey Funeral Home's DATE RECD BY REGISTRAR Inc. 300. W. Montgomery Av.,

(1511) E 40000 007 14 882 January

| | 1 | ±14,p∈ | r F.H | I. 10/ | 30/87 kar | STAT | E OF MARYLAND | 3 | 7 3 0 | 1 3 | 7 |
|---|---------------|--|--------------------------------|--------------------------------|------------------------|------------|------------------------------------|-------------|--|------------------------------|--|
| 69937 OCT: | 7 8 | TATE AKA REGISTRAR MA | Mae | scat | terdægrann Scatterd | MENT OF I | IEALTH AND MENTAL H | GIENE | | | |
| oy be deoth | 1. DEC | CEASED NAME OR PRINT) | FIRST | | MIDDLE | _ | er day | 20 | DATE OF DEATH MONTH | BOAY BYEAR | 10 50 % |
| ge 4 moy | 3 SE> | Pemale | | 4 RACE White | | | ot. 8, 1908 | | GE (IN YEARS LAST BIRTHOAY) | MONTHS DA | |
| deoth Pag | | OUNTRY) DC | OREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 B | ALTIMORE CITY OR COL | | 4 MD |
| after after of the fundament | | Silver Spr | | 11. NAME OF | | IG HOME | OR OTHER INSTITUTION | 12a (TYF | USUAL OCCUPATION PE OF WORK FOR MOST OF WORK HOUSEWIFE | INDUST | D OF BUSINESS OR |
| filled in E fould be formation | | L RESIDENCE (IF NURS | ING HOME OR 13b COUN Mon | OTHER INSTITUTION | | ADMISSION) | 13d INSIDE CITY LIMITS? | 13e.3 | STREET ADDRESS / ZIP (| CODE Rd 20 | 816 |
| MARYLu ompletely and 2 sh | 14 FA | THER'S NAME FIRST Ernest | J | MIDDLE | Scatterd Scatterd | | IS MOTHER'S MAIDEN N Nellie | IAME | MIDDLE | To | omey |
| IMORE, | | AS DECEASED EVER ES NO OR UNKNOWN) | | MED FORCES? E WAR OR DATES) | 214-46- | | George H. | Sca | atterday Sam | ne as it | em # 13 |
| T., BALI | 1 | 18 CAUSE OF DEAT PART DEATH W | | Ď BY | r line for (a., (b) on | ilio | u an | 23 | † | BETWE | ROXIMATE INTERVAL EEN ONSET AND DEATH |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN The law requires that the death certificate be executed within 24 hours after this certificate has been signed by the otteching through and completely filled in by os the buriot-transit permit. Then please remove cut in intermit the please remove cut in intermit. But I and 2 should be fill the ond Mental Hygiene prior to buriot, cremation. | | Conditions, if ony, gove rise to immr couse lot, statin underlying couse | which nediote g the | DUE TO, O | ras aconseque | 170 | lestic | He | rant Pro | esq | |
| AL RECORDS, 2C AL RECORDS, 2C The law requires Ion They been signed They pli They pli They pli They pli They pli They pli They pli They pli They pli They pli They pli They pli They pli They pli They pli They pli They pli | CERTIFICATION | PART 2 OTHER SIGN | ple | (a) | rebral | 1 | NOTRELATED TO THE TER | 21 | 00 AUTOPSY? 20b I | FYES, WERE FINERTIFYING CAUS | IDINGS USED |
| YSICIAN T ing physici ing physici is certificate verial-fronsi Aentol Hygi | MEDICAL CER | 210. ACCIDENT WAS UNE OR CONTRIBUTING THE EITHER NOTIFY MEDIT 216 INJURY OCCUR | AL EXAMINER | HOUR A. | MONTH DA | YEAR | 21E HOW INJURY OCCU | IRRED | (ENTER NATURE OF INJURY IN ITE | M 18 PART I OR PART | 7) |
| DIVISION DING PHY After this e os the booth ond? | ME | WHILE NO WE AT WO | | LAT HOME STI | REET PAGEORY OFFICE F | 111 | STREET | 7 | 13 Oct | 87 | STATE that (I) (SE) lost |
| AL OR ATTEN the hospital AL DIRECTOR etached for us te Dept of He Till frem 21 is | | sow the deceose obove, (1) (we) (0 | d alive on | 1 d L | 19 3 | <u> </u> | DEGREE ATTENDING PHYSICIAN |) MI | EDICAL STAFF | 22c D | |
| O HOSPITA O HOSPITA TO FUNERA should be da with the Sto | | MERTON | ME (TYPE O | WH17 | TE M.I |) | PAIS GEDY | 91 | 9 Ave Si | Wet S, | PringMa |
| ₽₽ ₽₽ ₹ ≦ † | | URIAL, CREMATION, Burial | REMOVAL | 236 DATE 10/16 | | | emetery or crematory of Heaven Cem | | Silver Spr | ing, MD | STAIL |
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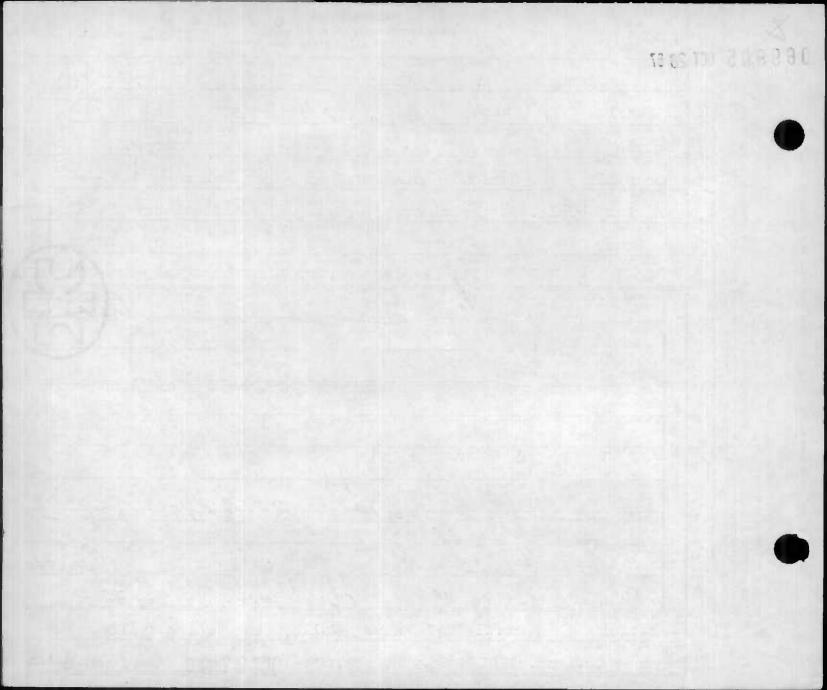
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

| ACT | 20 | REGISTRAR | | | CERTI | FICATE OF DEATH | | EG. NO | | | | |
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| | 3 SE) | Female | 4 RACE Whi | te | 5 DATE (| H DAY YEAR | 6 AGE IN YEARS | I ANT BIRTHDAY! | IF NOTE | R *FAR | H NUE | J +vi |
| 9- | In RI | RTHPLACE TE OF FUREIGN | | WHAT COUNTR | Sept | 20,1091 | | YRS | TY OF DE | ATM | | _ |
| 1 | M | aryland | USA | | MARRIE | D NEVER MARRIED DIVORCED | | tgomer | | | | , |
| Course | R | ROCKVILLE | Nat | ional | EET ADDRESS) | can Home | 120 USUAL OCC TYPE OF WORK FOR Homema. | MOST OF WORKING | | KIND O USTRY | F BUSINES | 55 C |
| 2 | 13a S | laryland Ba | ME OR OTHER INSTITUTION OUNTY Alt. | 130 CITY OR IC Baltin | NWN | 13d INSIDE CITY LIMITS? | 13e STREET ADD | RESS / ZIP COI outher. | Îy R | 2d.2 | 21204 | 1 |
| 3 | FA | Henry | MIDDLE | Lûe | rs | Anna | | DDH | | Ler | ntz | |
|) Jedic | 16a V | VAS DECEASED EVER IN U.S. | ARMED FORCES? | 213-0: | | REV.DR.RI | | ADDRESS EICHARI | D-NL | .H-F | ROCKI | ĵΙ |
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FOR - STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | O gysistrak | | | | REG. N | | |
|-----|--|---|------------------|----------------------------|--|----------------------------|------------------------|
| | SECCASED NAME FIRST | MIDDLE | | A. | 20 DATE OF DEATH | MON'" DAT YEAR | 20 110011 |
| | Jessie | М. | Schauer | | 10-15-87 | | 2:25A M |
| 3 | Female | White | 5 DATE C | | 6 AGE HIN YEARS LAST BIR | YRS | |
| 17 | BIRTHPLACE IS ATE ON FOREIGN | 76 CITIZEN OF WHAT COL | JNTRY? 8 | D NEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY OF DEATH | 1 |
| 4 | Maryland | USA | WIDOWE | DIVORCED | | mery Co. | MD |
| 7 | Rockville | 11. NAME OF HOSPITAL, (IENOTIN SU HEACUITY A National | | | 170 USUAL OCCUPAT ITYPE OF ORK FOR MOST O | | D OF BUSINESS OR RY |
| 2 | ah . | | OR TOWN . | | | lison St. | ,20822 |
| 1 | Clifford | V. Smi | th | Margare | MIDDLE | НС | well |
| 110 | | DIE WAR OR DATE | AL SECURITY NO | 17 INFORMANT | ADDR | | |
| 1 | No | 217- | 52-9759 | REV.DR.RE | ICHARD- N | | |
| Т | 18 CAUSE OF DEATH Enter of PART DEATH WAS CAUST | nly one cause per line for a | 1b and from | | | BETW | ROXIMATE INTER- AL |
| | | TE CAUSE (a) | puri | 100 1 100 | | / | wells |
| | | DUE TO, OR AS A GO | | 1 1 | | | opt. |
| | Conditions, if any, which | (b) /ts | 21200 | 1302111 | | 2 | WELLIS |
| | cause a stating the | DUE TO OR AS A COL | NSEQUENCE OF | 17 | | | |
| Т | underlying cause last | (1 | | | | | |
| 1 | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTE | NG TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN IN PART | I Ira |
| - 3 | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURED | Tini compition to | MUNCH ODED ATIO | ALLMAN DEDECTOR OF THE | Lan Autoniya | 20b IF YES, WERE FIN | IDIN IOC HISTO |
| 7 | 190 DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATION | N WAS PERFORMED | 200 AUTOPSYT | IN CERTIFYING CAU | |
| | | | | Tal. How william assure | YES NO | YES 🗌 | NO [|
| 1 | 210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE | - 110110 111 11011 | TH DAY YEAR | 216 HOW INJURY OCCURE | KED LENTER NAT RE DE 11 C | RINITEM 8 PAR' RPAR' | |
| | LIF EITHER NOTIFY MEDICAL EXAMINE | P.M | 19 | | | | |
| | 21d INJURY OCCURRED | 21e PLACE OF INJURY | OFFICE FARM ET 1 | 21f LOCATION | 14 810 | YIMIQUENTY | TATE |
| | AT WORK AT WORK | | 0.0 | | į. | | |
| | 22a I certify that II (this hosp | A 4 | from tick | 47 1977 | 10 000 | 15 19 8 7 | that I we last |
| | sow the deceased plive or above. (It we did (did no | of view the bady after death | 19 | dithat in my level apinion | death occurred an the d | ate and hour and from | the couses stated |
| | 226. SIGNATURE | Y14,0/11 | | DEGREE | | 22c D | ATE SIGNED |
| | borneld + | HI- CA | 2227 7 | ATTENDING PHYSICIAN | MEDICAL STA | | -1.5-87 |
| | 224 PHYSICIAN'S NAME TYPE | OR PRINT! | 1 | 22e ADDRESS | | | |
| | HAROLD F. | M-CAWN | | 4362-26th) | FN ARL | INGTON. | 160 22207 |
| 2: | 30 BURIAL, CREMATION, REMOVAI | 23b DATE | 23c NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | 1 - 1 - 1 | |
| | BURIAL | OCT.19,198 | 7-CEDAR | HILL CEMET | ERY- SUIT | LAND, MAF | RYLAND |
| 2 | FUNERAL DIRECTOR | | | 250 PM. | | 256 PEGISTRAR'S SIGN | |
| | HYSONG CO., | INC1300-N | ST., NW | WASH. DC | 1 4 / 1987 | Julia Divides | n- Randace |

| 6 | 9 | 5 | 9 | - | |
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FOR DEPARTMENT CER

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| REGISTRAR | | | CERTIF | FICATE OF DEATH | REG. 1 | 10 | | |
|--|---|--|-----------------|------------------------------|------------------------------|-------------|---|-----------------------------------|
| | IRS1 | MIDDLE | | LAST | 20 DATE OF DEATH | | DAY YEAR | 26 HOUR |
| (TYPE OR PRINT) Wil | mer | Paul | S | cheer | Octobe | er 15, | 1987 | 5:15 PM |
| 3 SEX | 4 RACE | G Q2 | 5 DATE O | | 6 AGE (IN YEARS LAST B | IPTHDAY | IF INDER I YEAR | IF NEER AHR |
| Male | Cauca | asian | Jani | uary 24, 1914 | 73 | YRS | V NITE DAT | HIL JR MIN |
| OUNTRY) | | WHAT COUNTRY? | 8 MARRIE | D INEVER MARRIED | 9 BALTIMORE CITY | OR COUNT | Y OF DEATH | |
| Wisconsin O CITY OR TOWN OF DEATH | | States | WIDOW | DIVORCED DIVORCED | Montgome | | | OF BUSINESS OR |
| U CITY OR TOWN OF DEATH | | CH FACILITY, GIVE STREET | | OK OTHER INSTITUTION | (TYPE OF WORK FOR MOST | OF WORKING | LIFE INDASVIA | 1 Sea |
| Rockville USUAL RESIDENCE (IF NURSING | | Glen Mill | | | Electricia | al Enc | Syste | ms Comman |
| | COUNTY | 13c. CITY OR TOW | | 136 INSIDE CITY LIMITS? | 13e STREET ADDRESS | / ZIP COD | DE | |
| | ontgomery | Rockvil | le | YES X NO | 13413 Glen | Mill | Road | 20850 |
| 4 FATHER'S NAME FIRST | WIDDIE | LAST | | 15 MOTHER'S MAIDEN NA | WE | | LA. | |
| Reinhold | | Scheer | | Ida | | | Wil | |
| 60 WAS DECEASED EVER IN | U.S ARMED FORCES? | 166 SOCIAL SECU | RITY NO | 17 INFORMANT | ADDI | RESS | | |
| NO NO | TIES GIVE WAR OR DATES) | 387-10-0 | 537 | Mildred R. | Scheer | same | as #13 | |
| 18 CAUSE OF DEATH | nter only one cause pe | | | | | | | XIMATE INTERVAL |
| PART I. DEATH WAS | CAUSEÓ BY MEDIATE CAUSE (a) | Astrocyt | oma | Cerebellum | | | | onths |
| IM | MEDIATE CAUSE (U) | 115020070 | oma_ | 002020224 | | - | | 011 011 0 |
| | | Ontributing to D | <u>EATH</u> BUT | NOT RELATED TO THE TERM | MINAL DISEASE OR CO | | | |
| 190 DATE OF OPERATION | N 196 CONE | DITION FOR WHICH | OPERATIO | ON WAS PERFORMED | 200 AUTOPSY? | IN CERT | ES, WERE FIND IFYING CAUSE (ES [] | INGS USED S OF DEATH? NO [] |
| | U UIOUID | OF INJURY L.M. MONTH DA | Y YEAR | 211 HOW INJURY OCCUR | RED (ENTER NATURE OF IN) | UPY N TEM 8 | PART SRPARTY | |
| O CIF EITHER NOTIEY MEDICAL I | | .M | 19 | 211 LOCATION | | | | |
| OR CONTRIBUTING CASE (IF EITHER NOTICY MEDICAL II 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | LAT HOME S | OF INJURY TREET, FACTORY, OFFICE FA | ARM ETC) | STREET | CITY OR T | WN | UNIY | TAIE |
| 270 I certify that (1) (the saw the deceased of over, (1) (wax (dix)) | X XXXXXX) offended to blive on OCtobe (did not) wew the bad | er 15,/19 8 | May 87 | nd that in (my) (aV) opinion | to Octob | | | that I (We last e causes stated |
| 22h SGNATURE | 0500 | 11/2 | | DEGREE ATTENDING | | AFF | 22c DATI | ESIGNED |
| 228 PHYSICIAN'S NAME | (TYPE OR PRINT) | VY | | PHYSICIAN [| DIRECTOR PHYS | ICIAN [| locto | ber 1619 |
| | W. Bernton | | | 4743 Bradley | | evy C | hase. M | d. 20815 |
| 30 BURIAL, CREMATION, REA | MOVAL 736 DATE | Oct. 23t N | IAME OF C | CEMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | | ONLY | IATE |
| Burial | 19, | | | n Memorial Pa | | | | Maryland |
| Rock Ville, Ti | bert A. Pur nc. ntgomery Av | mphrey Fur ve. Rock | | Home/ OC DAT | T 22 1987 | Rash REGIS | TRAP'S SIG | indeal. |

DHMH = 16 60M 7 /84 (VRA 15, 4)

BP.

IMPORTANT. If Item 21 is morked or Item 18 shows any injury, or other troumotic elements

LR CS OCT 22 THE CONTRACTOR

BP. DHMH 16 60M 7 (VRA 15, 4)

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| ner 1 | - 0 | STATE BEGISTRAR | CERTIF | ICATE OF DEATH | REG. NO | 0 | 0 |
|-------------|---------------|---|---|---|-------------------------------------|--|--|
| JU1 8 | | ORPRINT) PATRIC | LIA SHEATSCH | MIDTLEIN | 20 DATE OF DEATH | 10/14/8 | 7 246 PM |
| | 3 SEX | Transit ! | RACE S DATE O | BIRTH 3 1 3 1 7 | 6 AGE (IN YEARS LAST BIR | THDAY) IF UNDER Y | |
| 1 | | RTHPLACE PLATE OR FOREIGN 76 COUNTRY) ALTED KING-DOM C | MARRIED NOTED STATES WIDOWEI NAME OF HOSPITAL NURSING HOME O | D DIVORCED DIVORCED | 9 BALTIMORE CITY O | GOMER' | MD D OF BUSINESS OR |
| 18 | 5 | ILVER SPRING | HOLY (ROSS) | HOSPITAL | | R WORKING LIFE INDUST | RY |
| 33 | 130 S | STATE 130 COUNT | Her institution give residence before admission) 130 CITY OR TOWN Frunde Severna Park | 13d INSIDE CITY LIMITS? YES NO M | 130 STREET ADDRESS | 1 0 0 | /21146 |
| ol exter in | F | rederick Ge | POVICE SINFORM | Mabel 17 INFORMANT | Doroth ADDRE | y Lan | stell |
| | | YES NO OR UNKNOWN) (IF YES GIVE W | 578 - 58 - 4187 | | chmidtlein | | |
| event ii | | 18 CAUSE OF DEATH Enter only PART I DEATH WAS CAUSED IMMEDIATE | | FALURE | | BETW | ROXIMATE INTERVAL EEN ONSET AND DEATH |
| September 1 | | Conditions, if ony, which | LUNGS | 4MTS | | | |
| or other | | cause of stating the underlying cause last | DUE TO, OR AS A CONSEQUENCE OF | DRY BREAT | - CANCE | | 16 MTS |
| union | NOI | PART 2 OTHER SIGNIFICANT CO | nditions <u>contributing to death</u> but | NOT RELATED TO THE TERMIT | NAL DISEASE OR CON | | |
| YOU S WOL | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION | N WAS PERFORMED | 200 AUTOPSY? | 206 IF YES, WERE FIN IN CERTIFYING CAU YES | |
| tem 18 sh | | 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 216 TIME OF INJURY HOUR AM MONTH DAY YEAR P.M. 19 | 21c HOW INJURY OCCURRE | ED TENTER MATURE OF INJUI | ry in item 18 part Or part | 1 |
| rked or I | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.) | 211 LOCATION | CITY OR TO | WN COUNTY | JAT |
| 21 is mo | | 220.1 certify that (I) (this haspital saw the deceased alive on above thinge) (did) (did not) | SCTOBER 14 10 87 on | 19.86 ad that in (my) (our) opinion di | toOCTOBE eath occurred on the do | ote and hour and from | that (I (we) lost the causes stated |
| AT If Nem | | 226 SIGNATURE | 2 MD | DEGREE ATTENDING PHYSICIAN | MEDICAL STAI | FF C | ate signed = 14/87 |
| MPORTAN | | EXERAND & | +. HUGHES | \$300 CORPO | PANTE DR | IVE LAN | our mo |
| ≥ | | BURIAL, CREMATION, REMOVAL | 236 DATE 236 NAME OF CI | EMETERY OR CREMATORY Crematory | 23d LOCATION CITY OF TOWN WESTVIAN | BALTIMOL | E, mo |
| 7/B4 | 24 FL | NAME ROBERT S. | BARRANCO 21146 | 250 DATE OCT | 20 1987 | 25 MREGISTRAR SIG | NATE LAS. |

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| | DE OLOTO AD | |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL MY GIENE

| | REGISTRAR | | | CERTII | FICATE OF DEATH | REG. I | 40 | | |
|---------------|------------------------|---|----------------------------|------------|--------------------------------|-------------------------|---------------|-----------------|---------------------------------|
| OCT F | DECEASED NAME | FIRST | MIDDLE | | LAST | 20 DATE OF DEATH | | AY YEAR | 26 HOUR |
| 001 43 | J., 8-1, bKIVI) | ANNE | WEINRE | B SC | HWARTZ | ОСТОВ | ER 24. | 1987 | 2:20, |
| 3 | SEX | 4 RACE | | 5 DATE | | 6 AGE (IN YEARS LAST B | IRTHDAY) | FUNDER : YEAR | IF NOTR 4 HE |
| | FEMALE. | CAUC | CASIAN | Si | EPT 28 1901 | 86 | YRS | DATE DATE | HO, P. MI |
| 9 7 | BIRTHPLACE ATE OF | FOREIGN 76 CITIZEN | OF WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY | OF DEATH | |
| / | N.Y.C. | | S.A. | WIDOW | DIVORCED | MONTGOI | MERY | | |
| | CITY OR TOWN OF DE | ATH 11. NAME | OF HOSPITAL, NURSIN | G HOME (| OR OTHER INSTITUTION | 12g USUAL OCCUPA | | | F BUSINESS (|
| $\overline{}$ | BETHESDA | | 5 STARDUS | | | HOMEMAK | ER. | HOI | ME |
| 3 | SUAL RESIDENCE (IF NUR | 136 COUNTY MONTG. | 130 CITY OR TOW ROCKVI | LE | 13d INSIDE CITY LIMITS? | 130 STREET ADDRESS | ó ZPKOT | (2085 LLE PI | 2) |
| 14 | FATHER'S NAME | MIDDLE | IZAL | | 15. MOTHER'S MAIDEN NAM | AE MIDDLE | | | |
| | SAMUEL | | WEINREB | | TILLIE | MIDDLE | GREEI | NBERG | 1 |
| 1 16 | WAS DECEASED EVER | (IF YES, GIVE WAR OR DATE | | RITY NO. | 17 INFORMANTS STA | RDUST 198 | ESS BET | HESDA. | MD. |
| / L | NO | N/A | 263-64- | -319 | | RBARA MEN | | | |
| 1 | | TH (Enter only one cause VAS CAUSED BY | per line far (a), (b), and | | | | | | IMATE INTERVAL ONSET AND DEA |
| | | IMMEDIATE CAUSE (| 1 Uroseps | is | | | | | |
| | PART 2 OTHER SIG | ared of | S CONTRIBUTING TO D | | NOT RELATED TO THE TERMI | INAL DISEASE OR CON | | N IN PART IN | |
| X | | | , romor y ok miner | 01 2111110 | THASTENI ONNED | YES NOP | | ING CAUSES | |
| | 210. ACCIDENT WAS UN | | AE OF INJURY | | 21c HOW INJURY OCCURR | | | | |
| E 7 | OR CONTRIBUTING | CAUSE OF DEATH | P.M. MONTH DA | Y YEAR | | | | | |
| 1 | 21d INJURY OCCUR | RED 21e PLA | ACE OF INJURY | | 211 LOCATION | CITY OR TO | OWN | COUNTY | LIAIE |
| 3 | AT WORK AT AC | HITE | | RM, EIC J | 3,111 | | | | |
| E S | 22a 1 certify that | (this hospital) attende | d the deceased from_ | | | _ to _ O Ø | | 9.87 | that (I (we) I |
| 7 | sow the deceo | did (did not) view the b | 20 19 | , 01 | nd that in my (our) opinion d | leath occurred on the o | late and hour | and from the | causes stated |
| 2 | 226 SIGNATURE | No o | 0 | | DEGREE | | | 22c DATE | SIGNED |
| | Borba | ea may | nt | | | MEDICAL STA | CIAN | 10/2 | 4187 |
| / | 22d PHYSICIAN'S N | _ | | | 22e ADDRESS | | | | |
| / | Barbara | Blaylock | | | 6111 Execut | ive Blod. | Rockv | illein | 1.208 |
| 23 | BURIAL CREMATION | | 23c N | AME OF C | EMETERY OR CREMATORY | 23d LOCATION | | COUNTY | HAIL |
| | CREMAT | ION OCT | 25 1987 1 | .EE (| CREMATORY | WASHI | VGTON, | D.C. | |
| 84 24 | TINERALDIA NORA | NSKY-GULV | BERG MEMO | KIAL | CHAPELS 50 DATE , MD 208520 | REC'D BY REGISTRAL | 25h REGISTE | AP'S SIGNIAT | URE |
| | | KULLE DI | KE DUTTELL | IIII | MID OOFERIL | 1 7 8 1007 | | | 79.3 |

DHMH - 16 60M 7/84 (VRA 15, 4)

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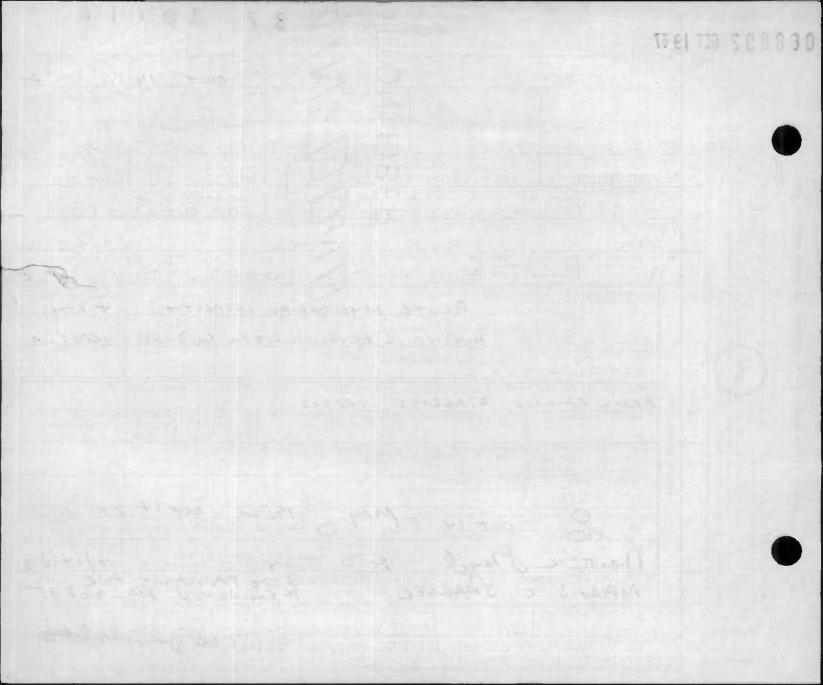
| 1 | 918 | STATE REGISTRAR | | DEFARIT | | ICATE OF DEATH | REG N | 0 | 1 | |
|----|---------------|---|---------------------------|------------------------------------|---------------|-------------------------------|--------------------------|-------------------|------------------------------|-----------------|
| | | CEASED NAME FIRST | | MIDDLE | l. | AST | 20 DATE OF DEATH | MONTH D | NAY YEAR | 26 HOUR |
| | TYPE | HERMAN | | | SC | HWARTZ | OCT | 1987 | 850 AM | |
| | 3 SEX | (| 4 RACE | | 5 DATE O | | 6 AGE (IN YEARS LAST BIR | - | IF INDER YEAR | IF UNDER 11 HF1 |
| | M | ale | White | 5 | Aug. | - 1000 | 71 | YRS | DATE DATE | HOURS MIN. |
| | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 AAA DDIE | XX NEVER MARRIED | 9 BALTIMORE CITY O | RCOUNTY | OF DEATH | |
| 1 | | w York | U.S.A | A. | WIDOWE | | Montgom | ery (| County | , MD |
| Y | 10 CI | TY OR TOWN OF DEATH | | HOSPITAL, NURSIN | | R OTHER INSTITUTION | 170 USUAL OCCUPATI | | | F BUSINESS OR |
| | Si: | lver Spring | Holy | | | ital | Rabbi | | Cler | qу |
| - | | AL RESIDENCE (IF NURSING HOME O | | GIVE RESIDENCE BEFORE | | 1136 INSIDE CITY LIMITS? | 13e STREET ADDRESS | ZIP CODE | | |
|) | Mai | | gomery | Silver S | | | 2935 Birch | | | 0906) |
| 1 | 14 FA | THER'S NAME | WIDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | | | 145 | , |
| | | Isaac | MIDOLC . | Schwart | z | Rebecca | MIDDLE | C | Goldsc | heider |
| Ī | 16a V | VAS DECEASED EVER IN U.S. AI | | 166 SOCIAL SECU | | 17 INFORMANT | ADDRE | Silve | er Spri | ng, Md. |
| | | TO (IF YES, GI | VE WAR OR DATES! | 577-54-9 | 674 | Freyda Schwar | | | | |
| | | 18 CAUSE OF DEATH (Enter o | | line far (a), (b), an | dıc | | | | APPROXI BET WEEN C | MATE INTERVAL |
| | | PART I. DEATH WAS CAUSI | ED BY: .TE CAUSE (a) | ACUT | EM | 140CARDIAL | INFARCT | 10.0) | 47 | Ays |
| | | | DUE TO, O | r as a consequi | ENCE OF | | | | | |
| | | Conditions, if any, which | (b) | HYPERTELS | 106 | ARTERIOSCHA | OTIC CV) |) is ease | YEA | 25 |
| | | gave rise to immediate cause (a), stating the | DUE TO, O | R AS A CONSEQUE | ENCE OF | | | | | |
| | | underlying cause last | (c)_ | | | | | | | |
| | 7 | PART 2 OTHER SIGNIFICANT | | | | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVE | EN IN PART 1 | 3 |
| | 101 | KENAL FAIL | | ABETE | | SEPSIS | | | | |
| ĵ. | CERTIFICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | | , WERE FINDIN YING CAUSES | |
| | RTIF | | | | | 1 | YES NO | YES | | NO 🗌 |
| 2 | | 210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE | - HOUR A | m month d | AY YEAR | 216 HOW INJURY OCCURE | RED (ENTER NAT RE OF NIU | 2 - IN ITEM 18 PA | ART OR PART 21 | |
| | ICA . | (IF EITHER NOTIFY MEDICAL EXAMINE | R) P | | 19 | | | | | |
| | MEDICAL | 21d INJURY OCCURRED | 21e PLACE (AT HOME STE | OF INJURY REET FACTORY OFFICE F | ARM ETC) | 21f LOCATION | ITY OR TO | WN | OUNTY | JATE |
| | | AT WORK AT WORK | | | | | | -14 | - | |
| | | 220 I certify that (1) This hosp saw the deceased alive at | all as in | e deceased from | | Ay 19.198 | 2000 | 7 | 1907 | that (we) last |
| | | abave, (I) (We) (did) (did ni | | | | d that in (my) aur) opinian i | dearn accurred an the a | ate and have | | |
| | | 226 SIGNATURE | B | 0 | 4 | DEGREE | . MEDICAL STA | FF | 22c DATE | SIGNED |
| + | | 22d PHYSICIAN'S NAME (TYPE | -0 M | Sex. | M | 220 ADDRESS | DIRECTOR PHYSIC | IAN 🗌 | 101 | 17107 |
| | | MAA- | C | PLARGE | , | THE ADDRESS 373 | TARRY | Tour | ANK | 20- |
| | 22 0 | 1 V[11/4-7 (X) | U | 100 | <u></u> | 1 5 | MJ1 NG0,0 | M | y >-c | 075 |

DHMH 16 60M 7 84

(VRA 15, 4)

(SPECIFY)

Burial 10/14/87 B'Nai Israel Con 24 FUNERAL DIRECTOR DANZANSKY—COLDBERG, MEMORIAL CHAPELS 1170 Rockville Pike; Rockville, Md. 20852



DECEASED NAME 20 DATE OF DEATH DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 26 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE INTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BAYONNE WIDOWEDXX DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION HOMEMAKER 130. STATE 13b COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MD. MONTG WHEATON MD MINDEN RD YES K 3911 NO IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE FIRST MIDDLE DAVID GOLDSTEIN FAY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT GLENNDOR. SUITLAND BALTIMORE. 3413 LIF YES GIVE WAR OR DATEST 064-20-8927 MR. MARC- SCHWEITZER (son 18 CAUSE OF DEATH lEnter only one cause per line for 101, (b), and 103, PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) PRESTON ND-STAGE METASTATIC BROAST CANER Conditions, if any, which gave rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOI 216 TIME OF INJURY 710 ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OF PART. HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INTURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN the (AT HOME STREET FACTORY OFFICE FARM, ETC.) STREET marked WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from, saw the deceosed olive on 0150 obove, (1) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22b. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS should by

24 FORNZIANSKY-GOLDBERG MEMADCHPS INC.

1170 ROCKVILLE PK. ROCKVILLE MD.

FOR

REGISTRAR

230. BURTAL, CREMATION, REMOVAL

BURIA

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DHMH 16 60M 7/84

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

23c NAME OF CEMETERY OR CREMATORY

TUDFAN MEM

26 HOUR

NO [

22c DATE SIGNED

ha Dividion- Randall

CITY OR TOWN

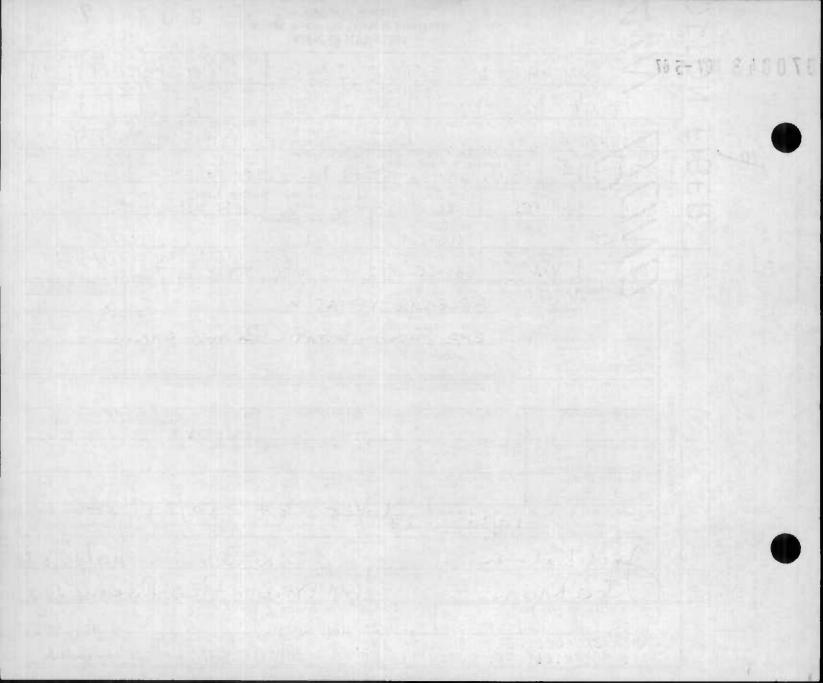
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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TO HOSPITAL

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | DECEASED NAME FIRST TYPE OR PRINT) Elizabet | h Mundy | Scott | Oct. 4, | | 7:33p |
|------------------------------|---|--|--|---|--|---|
| 0 | Female Female | 4 RACE caucasian | Jan. 97, 1906 | 6 AGE (IN YEARS LAST BIRTHE | YRS | HOURS MIN |
| OHN | BIRTHPLACE (STATE OR FOREIGN IEW MEXICO CITY OR TOWN OF DEATH | U.S.A. | TRY? B MARRIED NEVER MARRIED WIDOWED DIVORCED RISING HOME OR OTHER INSTITUTION | | cy | M DE BUSINESS O |
| 08 | Silver Spring | Hely Cross Ho | spital | (TYPE OF WORK FOR MOST OF W | VORKING LIFE) INDUSTRY | |
| 8 13 | SUAL RESIDENCE IN NURSING HOME BO STATE 136.CO | OUNTY 13c CITY OR T | TOWN 13d INSIDE CITY LIMITS? | 1311 Windso | or Place/322 | 205 |
| 23 | Edward | Mun'd | y Elizabet | ch MIDDLE | Lew | |
| 160 | WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES | COVE WAR OR DATES | SECURITY NO. 17 INFORMANT D-9567 Elizabeth A | 30020RAS Adams, Washing | bemarle St. ston, D.C. | |
| | 18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU IMMED | only one couse per line to. a. h USED BY Respira IATE CAUSE (0) | tory Arrest | | APPROX BETWEEN | MATE INTERVAL ONSET AND DEATH |
| | Conditions, if ony, which | DUE TO, OR AS A CONSE | | | 6- | |
| T. | gove rise to immediate couse (a), stating the underlying couse lost | DUE TO, OR AS A CONSE | | | 6yr. | |
| F | couse (a), stoting the underlying couse lost PART 2 OTHER SIGNIFICAN | DUE TO, OR AS A CONSE | | eminal disease or condit | | o |
| 2 | PART 2 OTHER SIGNIFICAN | DUE TO, OR AS A CONSE (c) | EQUENCE OF | 200 AUTOPSY? 2 | | NGS USED |
| CITYCHE | PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING | DUE TO, OR AS A CONSE | TO DEATH BUT NOT RELATED TO THE TER HICH OPERATION WAS PERFORMED 216 HOW INJURY OCCU | 200 AUTOPSY? | TION GIVEN IN PART TO 206 IF YES, WERE FIND IN IN CERTIFYING CAUSES YES [] | NGS USED OF DEATH? |
| 2 | PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING | DUE TO, OR AS A CONSE | TO DEATH BUT NOT RELATED TO THE TER HICH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION | 200 AUTOPSY? | TION GIVEN IN PART 1 | NGS USED OF DEATH? |
| CITYCHE | COUSE 101, stoting the underlying couse lost PART 2 OTHER SIGNIFICAN 19th DATE OF OPERATION 21th ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (FETTHER NOTHEY MEDICAL EXAMINE) 21th INJURY OCCURRED WHILE NOTHEY MEDICAL EXAMINE AND AND AND AND AND AND AND AND AND AND | DUE TO, OR AS A CONSE (c) 19b CONDITIONS CONTRIBUTING 19b CONDITION FOR WH 21b TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME STREET FACTORY OFF | TO DEATH BUT NOT RELATED TO THE TER HICH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET | 200 AUTOPSY? YES NO REPRATURE OF INJURY H | TION GIVEN IN PART 1 III ROB IF YES, WERE FIND IN CERTIFY ING CAUSES YES NITEM IS PART DEPART ; | NGS USED OF DEATH? NO |
| MEDICAL CEDITION OF THE CALL | COUSE 101, stoting the underlying couse lost PART 2 OTHER SIGNIFICAN 19th DATE OF OPERATION 21th ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (FETTHER NOTHEY MEDICAL EXAMINE) 21th INJURY OCCURRED WHILE NOTHEY MEDICAL EXAMINE AND AND AND AND AND AND AND AND AND AND | DUE TO, OR AS A CONSE (c) 19b CONDITIONS CONTRIBUTING 19b CONDITION FOR WH 21b TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME STREET FACTORY OFF | TO DEATH BUT NOT RELATED TO THE TER HICH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET OM 19 19 27 ond that in (my) DEGREE ATTENDING | 200 AUTOPSY? YES NO THE NATURE OF INJURY II CITY OR TOWN TO MEDICAL STAFF | TION GIVEN IN PART 1 1000 IF YES, WERE FIND IN CERTIFYING CAUSES YES OUNTY 19 200 DATE 220 DATE | NGS USED OF DEATH? NO **I alie that (I (we) la causes stated |
| CITYCHE | COUSE 101, stoting the underlying couse lost PART 2 OTHER SIGNIFICAN 19th DATE OF OPERATION 21th ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (FETTHER NOTHEY MEDICAL EXAMINE) 21th INJURY OCCURRED WHILE NOTHEY MEDICAL EXAMINE AND AND AND AND AND AND AND AND AND AND | DUE TO, OR AS A CONSE (c) IT CONDITIONS CONTRIBUTING 19b CONDITION FOR WE 21b TIME OF INJURY HOUR A.M. MONTH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFF | TO DEATH BUT NOT RELATED TO THE TER HICH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN 226 ADDRESS 3301 | 200 AUTOPSY? YES NOTE NEED (ENTER NATURE OF INJURY H | TION GIVEN IN PART 1 1000 IF YES, WERE FIND IN CERTIFY ING CAUSES YES OUNTY OUNTY and hour and from the 22c DATE OCT. N.W. | NGS USED OF DEATH? NO STATE that (II (WE) la |

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STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| De tiu et | 0.7 | REGISTRAR | | CERTIFICATE OF DEATH | REG NO | |
| ° ω ÷ | | OR PRINT) | MIDDLE . | (AST | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| poge r dea | 3 SE | Tarl | 14 RACE | 15 DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER LYEAR IF UNDER LAHRY |
| tor office | 3 56 | | Caucasian | MONTH DAY YEAR | 7/2 | MUNTH! DAT'S HOUR! MIN |
| Page dare | | Male | 76 CITIZEN OF WHAT COUNTRY | ? 8 | 9 BALTIMORE CITY OR COUNT | Y OF DEATH |
| leoth nerol | | New York | IISA | MARRIED NEVER MARRIED WIDOWED DIVORCED | MONTGOMERY COL | JNTY, MD |
| ofter d | 1 | ANDY SPRING | 11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE FRIENDS NURSING | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI | 126 KIND OF BUSINESS OR |
| 24 hours | ⊌SU 13a | AL RESIDENCE (IF NURSING HOME OF STATE 136 COU | ROTHER INSTITUTION GIVE RESIDENCE BEFO | RE ADMISSION) NN 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CODE 3429 S. Leisure | Zip: 20906 |
| thin sko | | THER'S NAME | | 15 MOTHER'S MAIDEN NA | AME | |
| d wind with the state of winds | 1 | Parker | Script | ure Laura | WIDDIE | Wilson |
| d car | | VAS DECEASED EVER IN U.S. AF | | | ADDRESS | VIII 2 0 0 11 |
| 0 0 | | YES, NO OR UNKNOWN) (IF YES GI | - 118-16-1 | 1974 Mrs. Janet S | Scripture, Wife, | same as #13 |
| Konta I | Г | | nly one cause per line for ro . 1b a ED BY | nde experte | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| by the attending to encove corbs (committee, or or other traumatice | | Canditions, if any, which gave rise to immediate cause a stating the underlying cause last | | JENCE OF | ledy, CVA | 19/11/87 |
| Parity of Plans plans | NO. | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION GI | VEN IN PART 1 a |
| 1 1112 | THICAT | 190 DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATION WAS PERFORMED | IN CERTI | S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO |
| The state of the s | CAL CER | 210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE | HOUR A.M MONTH | | RRED (ENTER NATURE OF INJURY IN (IEM 18 | PART OR PART 21 |
| Offerding offerding ond Me | MEDIC | 21d INJURY OCCURRED WHILE NO WHILE NO WHILE NO WHILE NORK | 21e PLACE OF INJURY LATHOME STREET FACTOR OFFICE | FARM ETC.) 211 LOCATION STREET | (11Y OR TOWN | COUNTY |
| TOR At to use a to the att | | saw the deceased alive a | n 10/22 19 | 12 | death accurred on the date and ha | 19 7 that I (we) last ur and from the causes stated |
| CAL OR A AL DRES. Ore Dept. | | 226 SIGNATURES | Schengel | | MEDICAL STAFF DIRECTOR PHYSICIAN | 10/23/87 |
| sould be | | PRTHUR S | CHURN GOLD | 18/11 Pna | ne Phily a Ole | az, hed 2832 |
| BP | | BURIAL CREMATION, REMOVA (SPECIFY) Burial | 26, 1987 Ro | NAME OF CEMETERY OF CREMATORY me Cemetery | 23d LOCATION CITY OR TOWN Rome | New York |
| DHMH 16 60M 7 84 (VRA 15, 4) | | Rockv: | t A. Pumphrey Fu ille, Inc. ry Avenue, Rocky | neral Home/ 250 DA ille, Maryland 00 | T 27 1987 Julia L | TRAP'S SIGNATURE |

TO ECT OF O OCT 27 1867 Jul 455-25

PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 Hygie

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(VRA 15, 4)

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL AYGIENE

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64115 AUG128 87 20 DATE OF DEATH MONTH 2b HOUR TYPE OR PRINTS BENJAMIN NEWTON AUGUST 16 1987 3 SEX 4 RACE 5. DATE OF BIRTH MONTH OAY MALE WHITE MARCH 18, 1974 TO BIRTHPLACE ATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED X COUNTRY Texas WIDOWED MONTGOMERY COUNTY 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IE NOT IN SUCH EACILITY, GIVE STREET ADDRESS) (TYPE OF WORK OR MOST OF WORKING LIFE) BETHESDA NIH. THE CLINICAL CENTER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 113b/COUNTY 130 CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? NORTH CAROL ROARING RIVER YES [28669 BOX 363 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Jeri Holloway Benjamin N. Sebastian, **ADDRESS** 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN no 000-00-0000 WILLIAM J. SEBASTAIN FATHER APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for rall, 16), and ice PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Respiratory arrest DUE TO, OR AS A CONSEQUENCE OF Intracranial involvement by Ewing's sarcoma Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1. a. CERTIFICATION 90 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART I JAPART) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IE EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION The PLACE OF INJURY CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC AT WORK AT WORK 22a I certify that (1) (this hospital) oftended the deceased from_ 19 87 sow the deceased olive an AUGUST 16 obove, (K(we) (did) (didXXX) view the body after death and that in May) (our) opinion death accurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN PT 22d PHYSICIAN'S NAME (TYPE OR PRI NATIONAL INSTITUTES OF HEALTH, 9000 ROCKVILLE PIKE, BETHESDA, MARYLAND 20892 230 BURIAL, CREMATION, REMOVAL 236 DATE 731 NAME OF CEMETERY OR CREMATORY Reins-Sturdivant Funeral Home 8-18-87 Removal No. Wilkes-Barre, NC 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Marshall's Funeral Home DHMH - 16 60M 7/B4 to brindon handelle 4217 9th St NW: Washington, D.C.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL ATGIENE CERTIFICATE OF DEATH

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| - 1 | | REGISTRAR | | | | CEK | I IFICATE OF | DEATH | | REG. I | NO. | | | |
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| ŀ | | EASED NAME | FIRST | | AIDDLE | | LAST | | 2a DATE C | | | DAY | YEAR | 2b HOUR |
| | (TYPE | OR PRINT) | Lind | a C | arol | | Selke | | | | 10 | 8 | 87 | 1023M |
| | 3 SEX | (| | 4 RACE | | | TE OF BIRTH | | 6 AGE (IN | YEARS LAST B | BIRTHDAY) | IF (114) | ER HAR | IF COLUER JAHR |
| | F | emale | | White | | ï | 2 17 | 1943 | | 43 | YRS | MONTH | DAYS | HOURS MIN |
| | | RTHPLACE THE OR | | 76 CITIZEN OF | WHAT COUN | TRY? 8 | RIED NEVER | | 9 BALTIM | ORE CITY | OR COUN | TYOFE | DEATH | |
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| 5 | Re | ockville | | SHADA | HOSPITAL, NU H FACILITY, GIVES | | ADU Z | OSP | | | OF WORKING | | JDIISTRY | ome |
| 5 | 13a S Ma | ryland | 13b COUN | 11A | Gaithe | | YES X | CITY LIMITS? | | ADDRESS uinc e | Orch | oe ard | Blvc | d. 20878 |
| -07 | | THER'S NAME | Harri | MIDDLE SON | Elliso | 'n | is mother Et | nelii heli | ME | Mar | ie | | Can | npbell |
| | | AS DECEASED EVER | | | 166 SOCIAL | SECURITY NO | | | | | RESS | | | |
| | N | O OR UNKNOWN) | (IF YES GI | A WAR OR DATES) | 233-66 | 6-1694 | Berna | ard Earl | Pl Archer (husband) same as 13e | | | | | |
| | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | | |
| | | gove rise to immediate cause at, stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/9 | | | | | | | | | | | | |
| 2 | CERTIFICATION | 190 DATE OF OPERA | TION | 196 CONDI | TION FOR WI | Acop i | TION WAS PERF | ORMED | 200 AUT | OPSY? | , IN CERT | | | INGS USED S OF DEATH? |
| 1 | MEDICAL CER | 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d INJURY OCCUR | CAUSE OF DE | HOUR A. | м. моnth м. | | AR 216 HOW | INJURY OCCUR | RED (ENTERN | IATURE OF IN | JURY IN ITEM 18 | B PART (| RPART / | |
| | ME | | HILE T | | EET FACTORY OF | FFICE FARM ETC | | ET | | (ITY OR I | IOWN | | OUNTY | ITATE |
| | | | ed alive an | | ,7 | 19 87 | | y) (aur) opinian | 2.2. to death occurr | ed on the | date and h | . 19_1 our and | | |
| _ | | 22b. SIGNATURE | le | WK | alex | bor | DEGREE | ATTENDING | MEDICAL | ST R PHYS | AFF ICIAN 🗌 | | 10 DATE | SIGNED |
| 1 | | 270 PHYSICIAN'S N | RES | 14 | | | 22e ADDRI | 29 De | viluo | od K | No 1 | oten | rinc | Md. |
| | (| URIAL, CREMATION, | | 10/10/ | | Ft. L | incoln C | | Bre | entwo | od | FOL | UNTY | Mď. |
| | 24 FU 13 | INERAL DIRECTORY 31 Rockvil | son V le Pik | Wheeler e Rocky | Funera ville, N | 1 Hom Id. 20 | e, Inc. | 25a. DA | T14 | REGISTRA 1987 | | STRAR | SEIGNA | . Rudus |

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|---|---------------|---|--------------------------|--|---------------------|------------------------------------|--|--|
| | 13a S | AL RESIDENCE (IF NURS STATE MD | 136 COUNTY Montgome | 13c CITY O | RTOWN | 13d. INSIDE CITY LIMITS? YES MO | 13e STREET ADDRESS / ZIP CODE 4003 Broadbrook | Rd. |
| | | Asdig | MIDDLE | Ougo | urlian | 15 MOTHER'S MAIDEN NA | MIDDLE | Narvouzian |
| | | VAS DECEASED EVER (ES. NO OR UNKNOWN) NO | (IF YES, GIVE WAR OR D | | -09-6449 | Arsen Seren | ADDRESS ngulian 803 Blossor | MD 20850 m Dr. Rockville |
| | | PART I. DEATH W | ACCALICED DV | | | yt Hmin, Clec | trolyte imbalance | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | | Conditions, if ony, | which (| TO, OR AS A CON | SEQUENCE OF | STATIC C | TRCINOMA | 292 |
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| FOR STATE REGISTRAR | | DEPAR | | EALTH AND MENTAL P | | | | |
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| MALE | WHIT | TE . | JUNE | 12, 1907 | 80 | YRS | | |
| 70 BIRTHPLACE ("ATE OF FOREIG | 76 CITIZEN OF | F WHAT COUNTRY | ? 8 MARRIE | NEVER MARRIED | 9 BALTIMORE C | ITY OR COUNT | Y OF DEATH | |
| NEW YORK | U.S. | Δ. | WIDOWE | | Manhaa | mery | | |
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| ON CONTRACTOR CAUCE | OFDEATH | AM. MONTH I | DAY YEAR | | | | | |
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| WHILE NOT WHILE [| AT HOME 5 | TREET FACTORY OFFICE | FARM ETC | STREET | (17 | YORTOWN | OUNIY | TATE |
| 22a certify that (1) (this saw the deceosed all above (1) (we) (did) | 10/2 | the deceased from 6 19 y after death | 87 | d that in (my) (our) opinion | to | 1027 the date and ho | ur and from the | |
| 226 SIGNATURE | m Yvele | ve V | CN | DEGREE ATTENDING PHYSICIAN | MEDICAL DIRECTOR P | STAFF HYSICIAN [| 10 | 2787 |
| 22d PH STAN STAN | TYPE | CKEE | | 10401 | OLD CHE | RCE ROWA | Ikal. B. | ETA |
| 230 BURIAL, CREMATION, REM | OVAL 236 DATE | 234 | NAME OF C | EMETERY OR CREMATOR | 23d LOCATION | | FOUNTY | TATE |
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| 24 FUNERAL DIRECTOR | | | | | ATE REC'D. BY REGIS | TRAR 256 REGIS | TRAR'S SIGNAT | URE |
| W. W. CHAMBERS | CO. TNC | STLVET | R SPRI | IC MON | 2 1987 | 11: 5 | . 5 | |
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TO FUNERAL DIRECTOR, after this certificate has been signed by the should be detached for use as the buriol-transit permit. Then please removih the State Dept. of Health and Mental Hygiene prior to buriol, cremovith

TO HOSPITAL OR ATTENDING PHYSICIAN The low retained by the hospital or attending physician THE COURSE NOT SHEET AND IN AD ON HER SENSE OF A POPULAR TO SENSE THE REPORT OF THE PROPERTY OF THE PARTY OF T 18 men 20 000 2 GRAPH WILL COND-02-300 ------ 9-CONTROL TO CARREST CARREST CARREST FIRST CARREST THE RESERVENCE OF THE STREET OF THE PARTY OF THE PROPERTY OF THE PARTY
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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGENE

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| In | 10 C | ITY OR TOWN OF DEA | TH 1 | | HOSPITAL, NE | | OR OTHER INSTITUTION | | LOCCUPATION | | | OF BUSINESS OR |
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| 10 | | WILLIAM | | | MART | IN | ANNA | | | | PRESC | OTT |
| | | VAS DECEASED EVER | IN U.S. ARM | | | SECURITY NO. | 17 INFORMANT | | ADDRES: | | | |
| SI. | | NO | | | 217-5 | 2-7539 | ROY SHAFFER | L/HUSBA | ND/SAME | AS . | | |
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| \times | RTIFI | | | | | | | YES [| NOX | YES | | NO [] |
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| . (| VED! | 21d INJURY OCCURE | | | OF INJURY | FFICE, FARM, ETC 1 | 21f LOCATION STREET | | CITY OR TOWN | | COUNTY | STATE |
| | 2 | AT WORK AT WO | RK . | | | | | | 10 / | 12 | 00 | |
| | | 22a I certify that (1) | this hospita | il attended th | e deceased fi | om C | 1/24/ 19/ | to | 707 | 7 | 9 | that (we) last |
| 7 | | saw the decease | d alive on_ | view the body | atter death. | 19 a | nd that in my (our opinio | n death accur | red on the date | e and hour | and from the | causes stated |
| | | 226 SIGNATURE | \wedge | 1 0 | Oner acam. | | DEGREE | | | | 22c DATE | |
| | | 1/100 | 11 | The | | | ATTENDING PHYSICIANA | DIRECTO | R PHYSICIA | NU | 101 | 18318 |
| 1 | | 224 PHYSICIAN'S NA | | | | | 22e ADDRESS | | | | | |
| 1 | | Dr. All | an B. | Coha | n | | 13975 Con | nn. Av | e. Si | lver | Sprin | ng. Md |
| | | BURIAL, CREMATION, | REMOVAL | 23b. DATE | | 23c NAME OF C | EMETERY OR CREMATORY | 23d LO | CATION | | LOUNTY | STATE |
| | | BURIAL | | OCT12, | 1987 | PARKLA | NN CEMETERY | ROC | KVILLE | MONT | GOMERY | MD |

BP DHMH - 16 60M 1/75 (VR A 15 (4))

FRANCIS J. COLLINS, JR. 24 FUNERAL DIRECTOR 500 UNIVERSITY BLVD W SILVER SPRING, MD 20901 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

OCT 1 9 1987 Alia Dendonia

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| | 1 DE | OFFATE OFFATE CEASED NAME FIRS | 7 | MIDDLE | | ICATE OF DEATH | REG. N | MONTH DAY | YEAR | T2b HOUR |
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| er de | 3 SE | X | 4. RACE | | 5 DATE O | | 6 AGE (IN YEARS LAST BIR | THDAY) -IF (| JNDER I YEAR | |
| ors aft | | Male | White | 9 | Jan. | .23,1931 | 56 | YRS. | THS, DAYS | HOURS |
| in 72 ho | | IRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland | | WHAT COUNTRY? | 8 MARRIED WIDOWEI | NEVER MARRIED DIVORCED | 9 BALTIMORE CITY O | RCOUNTY OF | | |
| med with | 1 | ity or town of death Germantown | 11. NAME OF | HOSPITAL, NURSING CHIPAGUITY, GIVE STREET 105 Millp | ADDRESS) Ort Ci | rother institution ircle | 120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF Plumber | ON IF WORKING (IFE) | 126 KIND C | y Scho |
| must be | 13a | | ntgomery | GIVE RESIDENCE BEFORE 13c. CITY OR TOW Germanto | N I | 13d. INSIDE CITY LIMITS? | 13. STREET ADDRESS 11405 Mil | lport C | ircle | 20871 |
| 2 sh | 14 F. | ATHER'S NAME | WIDDLE | LAST | | 15. MOTHER'S MAIDEN NA/ | WE | | LAS | |
| B (8) | | Owen | W. | Shoemake | r | Flora | Violet | | Kidwe | |
| licol | | WAS DECEASED EVER IN U. | S. ARMED FORCES? | 166 SOCIAL SECL | | 17 INFORMANT | ADDA | 9100 Cl | ub Hi | ll Dr. |
| Pog | | No | ES GIVE WAR OR DATES! | 214-28- | 2595 | Stewart L.St | noemaker, G | ermanto | wn. M | d. |
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STATE OF MARYLAND

| FOR STATE REGISTRAR | DEPAR | RIMENT OF HEALTH AND MENTAL W | | 1 |
|--|---|---|---|---|
| 1 DECEASED NAME FIRM | WIDDLE | IASI | REG. NO. | DAY YEAR 26 HOUR |
| TTYPE OR PRINT) | | t A ST | 20 DATE OF DEATH MONTH | ZE HOUR |
| | hard Douglas | | 10 | 29 87 10:37P |
| 3 SEX | 4 RACE | 5 DATE OF BIRTH | & AGE (IN YEARS LAST BIRTHDAY | F NOER YEAR IF INDER HE |
| Male | White | 02 01 46 | 41 YRS | |
| To BIRTHPLACE IN ATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTR | Y? 8 MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNT | TY OF DEATH |
| Maryland | American | WIDOWED DIVORCED | | M |
| 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUR | SING HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 126 KIND OF BUSINESS OF |
| Olnev | Montgomery Ge | 7 1. 4 | Realtor . | Estate |
| | OR OTHER INSTITUTION GIVE RESIDENCE BEF | ORE ADMISSION) | | 20870 |
| | ntg. Gaithe | | 13e STREET ADDRESS / ZIP COU 25131 Chamb | DE . |
| 14 FATHER'S NAME | Galthe | 15 MOTHER'S MAIDEN I | | IISS COUIT |
| FIRST | MIDDLE LAST | FIRST | MIDDLE | Troutman |
| Jack 160 WAS DECEASED EVER IN U.S. | II. Showm | 000 | ADDRESS | 2104011 |
| | GIVE WAR OR DATES) | | | Item 13 |
| No | 214-4 | 6-6756 Sandra | M. Showman | |
| 18 CAUSE OF DEATH Ente | only one couse per lipe for 10 , (b), | and icid | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | HATE CAUSE (0) CATELL | o polmenary of | rest | |
| | DUE TO, OR AS A CONSEC | DUENCE OF (| ` | |
| Conditions, if ony, which | | erMalemia | | |
| gave rise to immediate | | | | |
| underlying cause last | DUE TO, OR AS A CONSEC | T dead | allure | |
| DADI 2 OTHER SIGNIEICAN | | O DEATH BUT NOT RELATED TO THE TE | DANINAL DISEASE OF CONDITIONS | IVEN IN DART 1 |
| | TO CONDITIONS CONTRIBUTING I | O DEATH BUT NOT RELATED TO THE TE | RMINAL DISEASE OR CONDITION G | IVENTIN PART TO |
| 190 DATE OF OPERATION | 19h CONDITION FOR WHI | CH OPERATION WAS PERFORMED | 20a AUTOPSY? 20b IF Y | ES, WERE FINDINGS USED |
| JE OF OFFICE OF THE PROPERTY O | The constitution with | CH OF EKAHOLI WAS FERI OKKLED | IN CERT | IFYING CAUSES OF DEATH? |
| 210 ACCIDENT WAS UNDERLYING | THE OF BUILDY | 121. HOW INTURY OCC | | YES NO |
| OR COLUMNIA COLUMN | | DAY YEAR | URRED (ENTER NATURE OF NURY IN ITEM 18 | PART IRPART ZI |
| (IF EITHER NOTIFY MEDICAL EXAM | INER) P.M. | 19 | | |
| (IF EITHER NOTIFY MEDICAL EXAM | 21e PLACE OF INJURY | 211 LOCATION STREET | CITY OR TOWN | NTY TATE |
| AT WORK | | . , , , , , , , , , , , , , , , , , , , | | |
| 22a I certify that No (this ha | ispitali, attended the deceased from | n | to | 19that I (we) lo |
| sow the deceased upw | 19 | | on death occurred on the date and ha | our and from the causes stated |
| 22b SIGNATURE | not view the hady inter death | DEGREE | | 22c DATE SIGNED / |
| 226 SIGNATURE | | | MEDICAL STAFF | IN DATE SIGNED |
| Dek! | Carren A | PHYSICIAN | | 1/0/29/8 |
| 220 PHYSICIAN'S NAME (IN | | 22e ADDRESS | 0 11 0 | |
| alack ! | Simon MD | Mortgomery | Son Heip, C | mez, ma |
| 23a BURIAL, CREMATION, REMOV | | NAME OF CEMETERY OR CREMATOR | 238 LOCATION | 3, |
| (SPECIFY) | | | CITY OR TOWN | TAIL |
| Burial 24 FUNERAL DIRECTOR | 11/01/0/ | Vesley Grove | Gaithersburg | |
| NAME | ADDRES | 5 | NOV 2 1007 | ~ 1 A |
| Olin L. Moles | worth. P.A. D | amascus Md | 4 1901 Janua | Devideon- Randall |

Olin L. Molesworth, P.A., Damascus, Md.

DHMH 16 60M 7/84 (VRA 15, 4)

BP.

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REGISTRAR

Malt

TO BIRTHPLACE IS ATE OR FOREIGN

KUSSIC1

10 CITY OR TOWN OF DEATH

Marylind

YES OR UNKNOWN

14 FATHER'S NAME

Olney, MD

NATHAN

Conditions, if any, which gave rise to immediate cause la stating the

underlying cause last

190 DATE OF OPERATION

10-16-87 210 ACCIDENT WAS UNDERLYING

AT WORK AT WORK

OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDIC AL EXAMINER 21d INJURY OCCURRED

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

1 DECEASED NAME YPE OR PRINT

1-0015

3 SEX

LOUIS MIDDLE

Caucasia N

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

SIEGEL

DUE TO OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE

216 TIME OF INJURY

21e PLACE OF INJURY

OCT.20,1987

USA

4 RACE

USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 136 COUNTY 136 CITY OR TOWN

Montgo mrry

WWII-ARMY

IMMEDIATE CAUSE (a)

220 I certify that (1) (this hospital) attended the deceased from...

18 CAUSE OF DEATH (Enter only one cause per line for rail, fb., and rail DEATH WAS CAUSED BY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

LAST

5 DATE OF BIRTH

WIDOWED

Cardio- puimonity

Atheloseleles.

Roipir. tory

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

ROCKVILLE

166 SOCIAL SECURITY NO.

215-03-8132

Ischem, e

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Browcho, copy to

HOUR A.M. MONTH DAY YEAR

LAT HOME STREET FACTORY OFFICE FARM ETC.)

movigemery General Huspit

MARRIED NEVER MARRIED

. ond that in (mx) (aur) api DEGREE

| ALTH AND MENTAL HYG CATE OF DEATH | IENE REG N | 40 | | | |
|---------------------------------------|----------------------------|------------------|--------|----------|----------------------------------|
| Ţ | 20 DATE OF DEATH | | DAY | YE AR | 26 HOUR |
| SIEGEL | | 10 | 17 | 87 | 1020 |
| BIRTH | 6 AGE (IN YEARS LAST B | IRTHDAY) | | ER I FAR | IF UNITER A HRY |
| 14 12 | 75 | YRS_ | MONTH | | HOURS MIN. |
| NEVER MARRIED DIVORCED | 9 BALTIMORE CITY MONTGO | MERY C | COUN | 1TY | M |
| OTHER INSTITUTION | (TYPE OF WORK FOR MOST | OF WORKING LIF | E) 126 | DUSTRY | F BUSINESS OR |
| 3d INSIDE CITY LIMITS? YES P NO [] | 13e STREET ADDRESS | ZIP CODE | c 1 | yur, | 2015 |
| 5 MOTHER'S MAIDEN NAI FIRST | LEAH MIDDLE | | | Ŕ | APTIN |
| 7 INFORMAN RALPH ST MARY'S CI | B. SIEGEL | P.O. | ВОХ | 95 | |
| | | | | APPROXI | MATE INTERVAL ONSET AND DEATH |
| menery Ar | rest | | | | miv. |
| Herr Di | 1e.ie | | | 22 | yR. |
| 101:1 | | | | 22 | YR. |
| OT RELATED TO THE TERM | | NDITION GIV | EN IN | PART I | |
| WAS PERFORMED | 20a AÜTÖPSY? YES NO | IN CERTIF | | | NGS USED OF DEATH? |
| 21¢ HOW INJURY OCCUR | RED (ENTER NATURE OF IN) | URY IN ITEM 18 P | ART | PART 21 | |
| PII LOCATION | CITY OR I | OWN | + (| YTAUC | STATE |
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| that in (mx) (aur) apinian (| | | | | _ |
| GREE | | | 2 | 2c DATE | SIGNED |
| ATTENDING _ | MEDICAL STA | AFF ICIAN [] | | 10. | 18-87 |
| PHYSICIAN L | DIKECTOK [] PHIS | | | | |
| 22e ADDRESS | 20 Freder | riele | | 01: | 2/3 |

FUNERAL old be deto the State CRITANT (VRA 15, 4)

CERTIFICATION

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

DHMH 16 60M 7/84

23a BURIAL, CREMATION, REMOVAL BURIAL

22d PHYSICIAN'S NAME (TYPE OF PRINT)

FRANK

MAYU

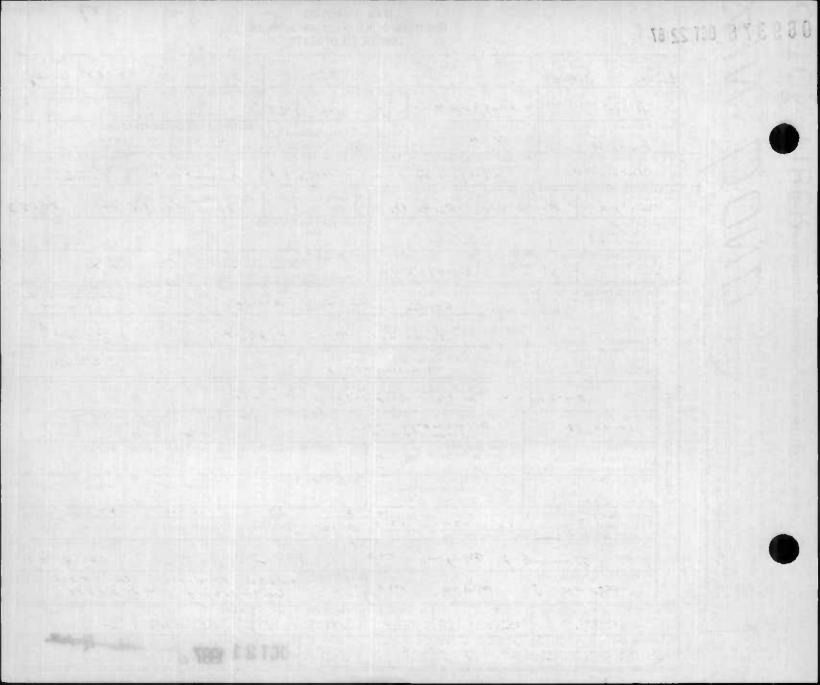
MO

23c NAME OF CEMETERY OR CREMATO OHEB SHALOM MEM

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO MD

23b. DATE

250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNADON 21215



| | 7 5 OCT 21 | 1 DE | CEASED NAME | FIR | | DICAL EXAMINI | | LAST | 20 DATE KNO | EG NO | AUNTH DAY YE | R Zh HOUR |
|------------------|--|---------------|---|--------------------------------|---------------------|--------------------------------------|-------------|---------------------------------|--|--------------|-------------------------------------|---------------|
| | % × × × × ⊢ | TYF | E OR PRINT) | Annie | | Todd | Si | ngleton | OF EST | | 10/15 19 | 37 M |
| | PLEASI ECTOR FILES HOUR | 3 SEX | 4 RA | ACE 5 I | DATE OF BIRTH | 6 AGE LINYEA | RS IF UN | DER 1 YR. IF UNDER | | M | ONTH DAY YE | AR 24 HOUR |
| \ | N SI H | F. | emale B | | ug. 10, | 1914 73 YR | 1110/1011 | DAYS HOURS | MIN PRONOUNCED DEAD | | 10/15 19 8 | 6:50 P. M |
| | SSAR SAL I | 70 B | RTHPLACE (STATE O | PR 7b | CITIZEN OF WH | IAT COUNTRY? | 8 | ED NEVER MARR | 9 BALTIMORE | CITY OR C | OUNTY OF DEATH | |
| | F ANY DELAY IS NECESSARY, PIEASE AND 3 TO THE FUNERAL DIRECTOR RETAIN PAGE 5 FOR YOUR FILES. HOULD BFALLED, WITHIN 72 HOURS RECORDS, 20% W-RRESTON STREET | 1 | shington, | D.C. Ur | nited St | ates | WIDOW | 42 | r | omer | y County | AAD |
| | IS A SE SE SE SE SE SE SE SE SE SE SE SE SE | 10 C | TY OR TOWN OF D | EATH 11 | | PITAL, NURSING HOME | OR OTH | er institution | 12a USUAL OCCUPATION | N ITYPE OF | WORK 126 KIND OF OR INDU | BUSINESS |
| | DELAY N PACE SOS 200 | S | ilver Spr | ing | | Bea Kay Driv | e | | Clerk | IF C | | vernmer |
| - | A S S S S S S S S S S S S S S S S S S S | USU | AL RESIDENCE IF IN | | | 136 CITY OR TOWN | N) | 13d. INSIDE CITY LEMITS? | 13e STREET ADDRESS | | -27 | GARI |
| 21201 | C CEO BAN | | aryland | | gomery | Silver Spr | ing | YES X NO | 13300 Bea | Kay I | Drive | 107 |
| QX | E 2528 | | ATHER'S NAME | | IDDLE | LAST | | 15 MOTHER'S MAIDE | NAME | | LAST | |
| LU DE | DEATH GES 1 | | C. Vaughr | n Todd | | | | Ruth T. | Peters | | | |
| BALTIMORE MD. | IFS AFTER DE GIVE PAGE ITH FOR PAGES 1 DIVISION OF | 1.4 | VAS DECEASED EVI | ER IN U.S. ARMED | | 166 SOCIAL SECURITY | | 17 INFORMANT | | 1330 | Bea Kay D | rive |
| A | S AFTE GIVE ITH FO PAGE IVISIO | Ur | known | | | 577-60-234 | 9 | William T. | Singleton/ | Silve | r Spring, | |
| | | | 18 CAUSE OF DE | ATH (Enter anly ar | ne cause per line | far (a), (b), and (c) | | | | | APPROXIA | NATE IN ERVAL |
| N Z | TEM FERM SIENE, VAL. | | PARTIDEATH | WAS CAUSED BY | | rcinoma of | the | urinary bl | adder. | | | |
| PRESTONST | VOV VATABLE NOV | | W | | DUE TO, OR | AS A CONSEQUENCE C | F | | | | | |
| 0. | REA PER CIT | | Conditions, if | | (b) | | | | | | | |
| 3 | TED WIT N PENCII XAMINEI AL - TRA MENTAL I | | cause (a stati | | DUE TO, OR | AS A CONSEQUENCE C | F | | | | | |
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| Ca | BE EXEMPLING NDING NEDICAL AS A BL ALTH AN | - | PART 2 OTHER SIGNIFIC | ANT CONDITIONS CONT | RIBUTING TO DEATH I | BUT NOT RELATED TO THE TERMI | VAL DISEASI | OR CONDITION GIVEN IN PA | RT 1 a | | | |
| 00 | MED BE PEND MED AS, D AS, CRE | CERTIFICATION | None | 0.171011 | Torre de la company | | | | | | | |
| | HOULD NRD "P CHIEF I USED OF HE | 2 | 190 DATE OF OPE | RATION | 196 CONDIT | ION FOR WHICH OPERA | ATION W | AS PERFORMED? | | | 20 AUTOP | |
| > | ATE SHA E WOR THE CH TO BE U AENI O | Ē | None | IIISE WAYAS | 21b TIME OF | IN HADY | Tat its | 2000 | | | YES [| NO X |
| Ö | A PER | | | OR | | MONTH DAY YEAR | | | D (ENTER NATURE OF INJURY IN | ITEM 18 PART | I OR PART 2) | |
| 0 | ARTICOL AND ARTICO | MEDICAL | CONTRIBUTING | CAUSE OF DEA | TH P.M | | | ne | | | | |
| JATIV BONOISIONO | IIS CERTIFICATE SH WRITING THE WOR ARDED TO THE CH GES 3 SHOULD SE (TE DEPARTMENT, 201 PRIOR TO BUR | MED | WHILE NO | | | OF INJURY (AT HOME, ORY, FARM, ETC.) | | TREET | CITY OR TOWN | | COUNTY | STATE |
| | ESSES S | | AT WORK AT | WORK | | | | | | | | |
| | wi a so . | | 220 I certify the | at I taak charge af | the remains des | cribed above, held an | Autap | sy . Inspectia | n X Inquiry | and in | my opinion | |
| | ATE, ATE, ORW. | | | | | | rde 2 | Hamicide . | Undetermined manner | | | |
| | MINER: IFICATI BE FOR CTOR: H THE | | death resulted fro | am Natural c | auses X | Accident . Sun | | | Ondetermined marmer | | | |
| | XAMINER ERTIFICATE DE FO DIRECTOR WITH THE | | | om Natural co | auses LX | Accident L. Sun | | TITLE (SPECIFY) | Ondetermined indimer | | | |
| • | XAMINER ERTIFICATE DE FO DIRECTOR WITH THE | | death resulted fro | om Natural c | ouses LX | Accident | | | | | DATE SIGNED 10/ | 16/87 |
| • | XAMINER ERTIFICATE DE FO DIRECTOR WITH THE | | ACTUAL SIGNATURE | 7 | 25 | 200 | 7º EM | Deputy 1919 | MEDICAL EXAMINER Seminary Ros | ad | SIGNED | |
| • | XAMINER ERTIFICATE DE FO DIRECTOR WITH THE | | ACTUAL | 7 | 25 | gers, M.D. | 7º EM | Deputy 1919 | | ad | SIGNED | |
| • | NL EXAMINER TE CERTIFICATIONED BE FO ALD IRECTOR TH, WITH THE S., MARYLAND | 1.1 | ACTUAL SIGNATURE TYPE DEPTINI URIAL CREMATION | John | n S. Ros | gers, M.D. | ETERY O | Deputy 1919 ADDRESS Silve | MEDICAL EXAMINER Seminary Ros or Spring, Mo | ad ontgo | mery Coun | |
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Formie Black Aug. 10, 1014 73 13700 Ben Fay Egitve Burghend Henthemory Stiver Spring Carcinna of the unimary of adding. Tolor of the Sentency South - 10/10/67 Silver String, Konscomery County, E. Line of the state
DHMH 16 60M 7/8 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HIGIENE CERTIFICATE OF DEATH

| 1) DECASED NAME (TYPE OF PRINT) DON Edward S.EE 10-24-87 90-0 3. SEX 4. RACE ACC ACCOUNTRY BONN BALTIMORE CITY OR COUNTY OF DEATH MONTGOUTH BONN MONTGOUTH MONTGOUTH BONN B | (14 | LVDC On no | | | | | | |
|--|-------------------|--|---|--|---|---------------------|--|---|
| 3 SEX ALL ARGE AUCASIAN STREET ADDRESS AND AUCOUNTRY BOOK OF DEATH ARRIED DISCOUNTRY OF DEATH ARRIED D | | THE OWNERS OF | | | | | ONTH DAY YEAR | 26 HOUR |
| TO BRITHPLACE (INTALE OR FOREIGN NO.) TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED MONTGOMERY | | | | | | / | |
| The Brithplace Intale or foreign The Citizen of What Country Barring Never Married Never Married Montgomety | 3 5 | MALL | CAUCASIAN | | | 80 | MUNITE DAYS | |
| WIDOWED DIVORCED DIVORCED MONTGOMETY WIDOWED DIVORCED DIVORCED MONTGOMETY WIDOWED DIVORCED DIVORCED MONTGOMETY WIDOWED DIVORCED DIVORCED MONTGOMETY WIDOWED DIVORCED DIVORCED MONTGOMETY WIDOWED DIVORCED DIV | - | | | 8 | 9 BAI | TIMORE CITY OR | | 1 1 |
| IS CITY OR TOWN OF DEATH INTERVINED AND MEROPHORE OR HOSPITAL, NURSING HOME OR OTHER INSTITUTION MEMORY SUCH FACING QUESTREET ADDRESS) USUAL RESIDENCE (IF NURSING-HOME OR OTHER INSTITUTION OF PRESIDENCE BEFORE ADMISSION) 130 STATE 131 COUNTY 132 CITY OR TOWN 132 CITY OR TOWN 133 COUNTY 134 COUNTY 135 COUNTY 135 COUNTY 136 CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 1 Simpson Avenue 15. MOTHER'S MADE 15. MOTHER'S MAIDEN NAME 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 18 CAUSE OF DEATH IEnter only one cause per Implication to the institution of the part of the | 1 | Ven Jusey | USA | | | Mo | intgomery | |
| USUAL RESIDENCE (IF NURSINGHOME OR OTHER INSTITUTION) GIVE PESIDENCE BEFORE ADMISSION) 13a STATE New Jetsey Morris 13d (COUNTY NO TOWN) New Jetsey Morris 13d (Norther's Maidle Norther's Maidle | 10 | CITY OR TOWN OF DEATH | 11 NAME OF HOSPITAL, NURSIN | NG HOME OR OTHER INSTI | | SUAL OCCUPATION | N 126 KIND | OF BUSINESS |
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| ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 10/25/87 | .9 | OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTEY MEDICAL EXAMINE 21d. IN JURY OCCURRED NOT WHITE AT WORK NOT WHITE AT WORK OF THE OF TH | P.M. ?le PLACE OF INJURY (AT HOME STREEL FACTORY, OFFICE I | FARM.EIC.) 211 LOCATION SIREET | . 19 <u>8</u> to | 10/3 | 19 87 e and hour and from the | that 6 (we) |
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| 236 BURIAL CREMATION, REMOVAL 236. DATE OCT. 25, 1987 Metropolitan Crematory "Alexandria" Val. | MEDICAL | OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTIFY HOT (I) (this hosp day the decease of the original form) 26 I certify that (I) (this hosp day the decease of the original form) 27 NHS ICIAN'S NAME (Type of the original form) | P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE I ital) ottended the deceased from 21) view the body ofter death. 31) PRINT) | PARM. EIC.) 211 LOCATION SIREET Ond that in my DEGREE AT P | our) apinion death of tending MED HYSICIAN DIRE | ccurred on the date | 10 8 7 e and hour and from the | that 6 (we) |
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FOR

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIRECTOR PHYSICIAN 23¢ BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE 24 FUNERAL DIRECTOR

STATE OF MARYLAND

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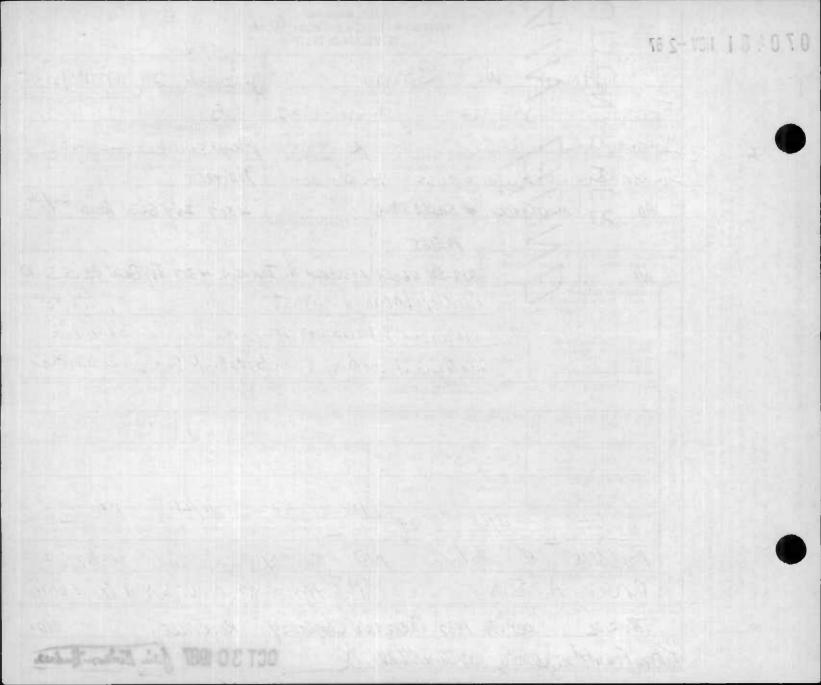
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INDUSTRY

YES []

DHMH = 16 60M 7/84 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 187 STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 26 HOUR 1 DECEASED NAME MIDDIE TAST 20 DATE OF DEATH LIVPE OR PRINTS BERNAR 4 RACE & AGE (IN YEARS LAST BIRTHDAY) 3 SEX DATE OF BIRTH YRS BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE INTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Montaomely WASHINGTON, D.C. USA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BOOKBINDER HOLLADAY & MARYLAND 2120 USUAL RESIDENCE (# NURSING TYLER PRINT CORF 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MARYLAND MONTGOMERY SILVER SPRING 10606 S. DUNMOOR DRIVE 20901 NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIR5T MIDDLE LAST FIRST LAST BERNARD SMITH, SR. HAZEL Ρ. POORE In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT BALTIMORE SISTER 203 GRANVILLE DR. LIF YES GIVE WAR OR DATES! 1957-1959 YES 218-30-2816 JOYCE MADDOX SILVER SPRING, MD 2090 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for a lib and ic PART | DEATH WAS CAUSED BY PRESTON ST., IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 280 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOP Hygi 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 8 PART OR PART ... n 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY 0 AT HOME STREET FACTORY OFFICE FARM ETC | LITY OR TOWN STREET 200 AT WORK AT WORK 10 - 4 19 8.7 that I (we) lost 220 I certify that (I) (this haspital) attended the deceased from_ 10 - 3 10 5) sow the deceased alive on 10 - 3 above. (I) (we) (did) (did not) view the body after death and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22b SIGNATURE DEGREE 221 DATE SIGNED ATTENDING . MEDICAL STAFF FUNERAL I MILLI 10-4-87 PHYSICIAN X DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 2101 Medical Steven 230 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION ITY OR TOWN BP OCT7, 1987 BURIAL CEDAR HILL CEMETERY SUITLAND PRINCE GEORGES MD

FRANCIS J. COLLINS, JR.

500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

24 FUNERAL DIRECTOR

DHMH 16 60M 7 84

(VRA 15, 4)

STATE OF MARYLAND

NO [

250 DATE REC D BY REGISTRA

69005 9005 OCT 2087

by the tuneral director page 3 filed within 72 hours after death

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| REGISTRAR | | CERTIFICATE OF DEAT | H PEG NO | |
|--|---|---|---|--|
| CEASED NAME FIRST | WIDDLE | LAST | | DAY YEAR 26 HOUR 3:1 |
| Lyle | Ε. | Smith Jr. | October 12, 19 | 87 p. M |
| | 4 RACE | 5. DATE OF BIRTH | | IF UNDER YEAR IF UNDER JAHR! |
| Male | White | | 6 31 YRS | MONTHS DATE HOUSE MIN |
| RTHPLACE (MATE OF FOREIGN | The CITIZEN OF WHAT COUNTR | Y? 8 | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| Oklahoma | USA | WIDOWED DIVORC | ED Montgomery | County MD |
| TY OR TOWN OF DEATH | | | | 126 KIND OF BUSINESS OR |
| Olney | Montgomery Ge | neral Hospital | Computer Program | |
| AL RESIDENCE (IF NURSING HOME OR TATE 13b, COUP | OTHER INSTITUTION GIVE RESIDENCE BET | | MITS? 1136 STREET ADDRESS / ZIP CODE | 20903 |
| | gomery Silver | Spring YES NO | □ 10407 New Hampsh | ire Avenue |
| | MIDDLE LAST | 15 MOTHER'S MAI | DEN NAME | LAST |
| Ly1e | E. Smi | th, Sr. Barba | ra | Bateman |
| | | CURITY NO 17 INFORMANT | RT.4 Box 366 St.M | atthews.S.C. |
| / A | 529-92 | -6672 Lyle E. | Smith Sr (Father) | 21935 |
| 18 CAUSE OF DEATH Enter on | ly one couse per line for 101, 1b1, | and (c | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | | ir. toly Arrest | | 5 00 : 14. |
| gave rise to immediate couse (a), stating the underlying cause last | (0) | | | 3 w /e. |
| 190 DATE OF OPERATION | 196 CONDITION FOR WHI | CH OPERATION WAS PERFORMED | | , WERE FINDINGS USED YING CAUSES OF DEATH? S NO |
| OR CONTRIBUTING CAUSE OF DEA | TH HOUR A.M. MONTH | | OCCURRED (ENTER NATURE OF INJURY IN ITEM 8 P. | ART I OR PART 21 |
| 21d INJURY OCCURRED WHILE NOT WHILE DAT WORK | 21e PLACE OF INJURY | E FARM ETC.) 211 LOCATION STREET | JIY OR TOWN | COUNTY |
| saw the deceased alive on | 011.12 | 27 and that in (my) (our) DEGREE | | 19 7 that II (we lost and from the causes stated |
| 42 00 | | FIII3I | CONT DINECTOR TITISICIAN | |
| 22d PHYSICIAN'S NAME (TYPEO | | 229 6225 F/ | rederick Road #213 | |
| 22d PHYSICIAN'S NAME (14PEO Frank Mayo, M. URIAL, CREMATION, REMOVAL | D. | 229 6225 F/ | rederick Road #213 | |
| | TEASED NAME FIRST Lyle Male RITHPLACE INTATE OFFOREIGN ONLANDMA TY OR TOWN OF DEATH OLNEY LL RESIDENCE (IF NURSING HOME OF TATE ITHE TOWN OF DEATH OLNEY LL Y 1 e (AS DECEASED EVER IN U.S. AR. ES. NO OR UNKNOWN) AND THER'S NAME FIRST LY 1 e (AS DECEASED EVER IN U.S. AR. ES. NO OR UNKNOWN) AND THE STAND OR UNKNOWN) ON TOWN OF THE STAND OR TOWN OR TOWN OR UNKNOWN OR UNKNOWN PART I. DEATH WAS CAUSE CONDITIONS If only, which gave rise to immediate couse a storing the underlying cause last PART 2 OTHER SIGNIFICANT OF THE STAND OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH CIFETIMER NOTIFY MEDICAL EXAMINER 210 INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER 2116 INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER 2120 I certify that ID (this hospin saw the deceased alive on obove, ID (we) ideal (did no obove, ID (we) ideal (did no obove, ID (we) ideal (did no obove, ID (we) ideal (did no obove, ID (we) ideal (did no obove, ID (we) ideal (did no obove, ID (we) ideal (did no obove, ID (we) ideal (did no obove, ID (we) ideal (did no obove, ID (we) ideal (did no obove, ID (we) ideal (did no obove, ID (we) ideal (did no obove, ID (we) ideal (did no obove, ID (we) ideal (did no obove, ID (we) ideal (did no obove) | TEASED NAME OR PRINT! Lyle E. 4 RACE White RTHPLACE (NEATE OR FOREIGN OLD COUNTRY) O'CLAHOMA USA TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NUR. ((FINOTINS SUCH FACILITY, GIVE STR AND ALGEBRIA RESIDENCE (FINORS) NO FOREIGN OF THE RESIDENCE BET OR FOREIGN OF THE RESIDENCE BET OR THE STATE Lyle LYle E. VAS DECEASED EVER IN U.S. ARMED FORCES? FIRST Lyle E. Smi AS DECEASED EVER IN U.S. ARMED FORCES? FINOS DOR UNKNOWN) ANDE LYLE SING AS DECEASED EVER IN U.S. ARMED FORCES? FINOS DOR UNKNOWN) ANDE LYLE LYLE LYLE LYLE SING DUE TO, OR AS A CONSECT | EASED NAME OR PRINTI Lyle E. Smith Jr. (| EASED NAME EASED NAME Lyle E. Smith Jr. October 12, 19 |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH = 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and pampletely should be detached for use as the burial-transit permit. Then please remove carbonopers. Pages, Pand 2 shows the State Dept of Health and Menial Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN The law etained by the haspital or attending physician

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and coil should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. I hem 21 is marked or Hem 18 shows any injury, ar ather traumatic event, the medical TO HOSPITAL OR ATTENDING PHYSICIAN The etoined by the haspital a attending physician

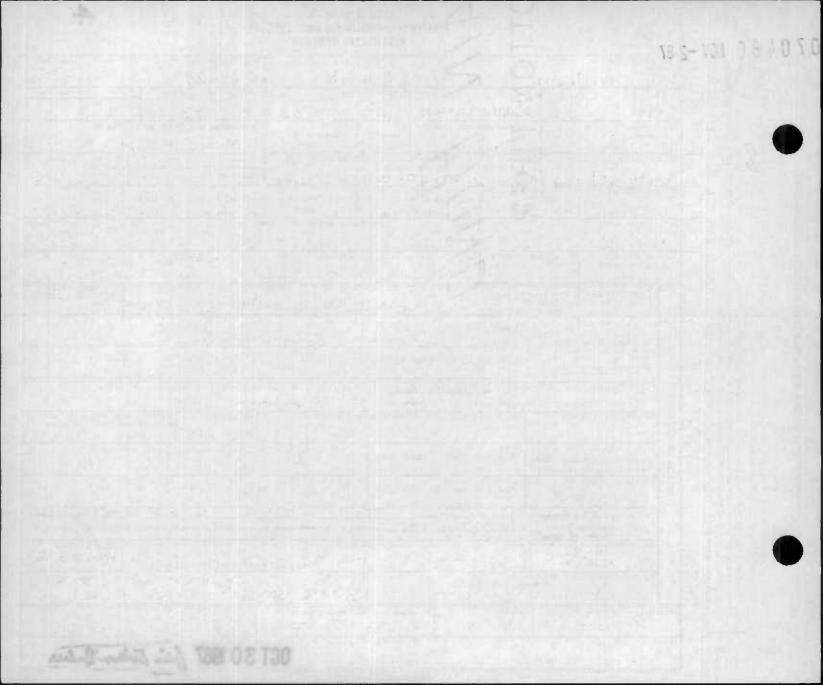
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DHMH = 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 | 1- | FOR STATE REGISTRAR | | | DEPARTA | | EALTH AND MENTAL WYGII ICATE OF DEATH | ENE REG. N | 0 | | | |
|----|-----------------------|--|------------------------------|-----------------|--------------------------|------------|--|------------------------------|----------------------------|--------------------|----------------------------|------------|
| 4 | I. DEC | EASED NAME | FIRST | , | MIDDLE | L. | AST | | | AY YEAR | 26 HOUR | |
| | (TYPE | OR PRINT) | mei | | W | 5 | inith | 10-25-37 | | | 634 | PM |
| 1 | 3 SEX | | | RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST BIR | | IF UNDER I YEAR | IF UNDER 2 | 4 HR |
| | 1 | M | | Cauc | 25,211 | MONTH | DAY YEAR | 83 | YRS | ONTH: DATE | HOURS | MIN |
| 4 | | RTHPLACE (STATE OR F | OREIGN 76 | CITIZEN OF | WHAT COUNTRY? | 8 | | 9 BALTIMORE CITY C | | OF DEATH | | |
| | | ryland | | U.S. | . A . | WIDOWE | D NEVER MARRIED DIVORCED | Monta | mere | 1- | | MD. |
| 1 | 10 CI | TY OR TOWN OF DEA | TH 11 | | HOSPITAL, NURSIN | G HOME C | | 120 USUAL OCCUPAT | ION | 125 KIND O | F BUSINES | |
| 4 | 3 | uthersbu | us H | . W.1.50 | N HEALT | H CA | PRE CENTER | Proof Read | | Publi | c. Co | |
| 7 | USUA 130 S | AL RESIDENCE (IF NURSI | NG HOME OR OT | HER INSTITUTION | GIVE RESIDENCE BEFORE | ADMISSION) | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | / ZIP CODE | | | |
| | 1 | Maryland | Montge | | Gaithers | | YES NO K | 211 Russel | | nue 2 | 0877 | |
| 1 | 14 FA | THER'S NAME | 4410 | DDLE | LAST | | 15 MOTHER'S MAIDEN NAM | NE MIDOLE | | IAS | | |
| 1 | Re | ev. Arch | C | | Smith | | Annie | WIDOKE | | | gers | |
| 7 | | VAS DECEASED EVER | | | 166 SOCIAL SECU | RITYNO | 17 INFORMANT | 3055R | West S | Shady L | | |
| | (4 | No No | (IF YES, GIVE W | /AR OR OATES) | 214-10-3 | 064 | Nancy S. Mani | is Neena | h, Wis | sc. 549 | 56 | |
| | | IB CAUSE OF DEATH | 1 (Enter only | one couse per | line for (a), (b), and | d (c) | | (| | APPROXI BETWEEN | MATÉ INTERV DNSET AND D | AL EATH |
| 1 | | | IMMEDIATE (| | Ca | -a | io Despiro | tory | 011 | 457 | - | |
| | | | | DUE TO, O | R AS A CONSEQUE | | 1 | -) | | | | |
| | | Conditions, if any, gave rise to imm | which | (b)_ | 130 | 0110 | No Busa | monia | | | | |
| -1 | | cause Ial, statini underlying cause | g the | DUE TO, O | r as a conse o ue | NCE OF | | | | | | |
| 1 | | | | (IC) | | | | | | | | |
| | N O | -23 | | acit u | | EATH BUI | NOT RELATED TO THE TERMIN | | DITION GIVE | NINPARIT | 1 | |
| | ATIC | 198 DATE OF OPERAT | | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 20h IF YES, | IF YES, WERE FINDINGS USED | | | |
| 1 | TIFIC | | | | | | | YES TO NOT | IN CERTIFY | ING CAUSES | OF DEATH | 2 |
| 1 | MEDICAL CERTIFICATION | 210 ACCIDENT WAS UND | | 21b. TIME O | | V VEAD | 21c HOW INJURY OCCURRE | ED (ENTER NATURE OF INJU | RY IN ITEM 18 PA | ART I OR PART 2 | | |
| | AL | OR CONTRIBUTING (| | HOUR A. | | 19 | | | | | | |
| | EDIC | 21d INJURY OCCURR | ED | 21e PLACE | OF INJURY | | 211 LOCATION | LITY OR TO | IWN | COUNTY | - 14 | A 11 |
| | ¥ | WHILE NOT WH | ILE T | (AT HOME STR | EET, FACTORY OFFICE, F. | IRM EIC) | J.K.E. | | | | | |
| | | 22a.l certify that (4)- | , | | e deceased from_ | - Transp | 7-1,1987 | | 5.0 | | that (li (m | |
| | | saw the decease above, (1) (wee+(d | d alive on id) (did not v | riew the body | alter death | or an | nd that in (my) (to a opinion de | eoth occurred on the d | ate and hour | and from the | causes stat | ed |
| | | 276 SIGNATURE | 0 < | ~ | 0 | | DEGREE ATTENDING | MEDICAL STA | r r | 22c DATE | SIGNED | 07 |
| | | 9 | ha | do | | | PHYSICIAN T | | | 10- | 25 |) |
| | | 224 PHYSICIAN'S NA | ME (TYPE OR PE | - | \ | | 22e ADDRESS | Det | no 20 | vo v | nd. | • |
| | | 00 | 12 | | Dac . | | | ,500 NS | 17 | 20th | | |
| | | URIAL, CREMATION, I | | 236 DATE 10/28 | | | EMETERY OR CREMATORY t Hill Cemeter | 23d LOCATION CITY OR TOWN | | COUNTY | STA | 1.71 |
| | 24.51 | | L | 10/20 | | | | 7 FIUIL F | | | Va. | |
| | | INERAL DIRECTOR | 2 77 | - | ADDRESS | | 110111 | REC'D BY REGISTRAR | SI REGISTE | AR'S SIGNAL | URE | |
| | Mac | ddox Funera | al Hom | e, inc | . F | ront | Royal, Va UG | 00 1301 | pulla dia | ALCOND - KO | -dall | |

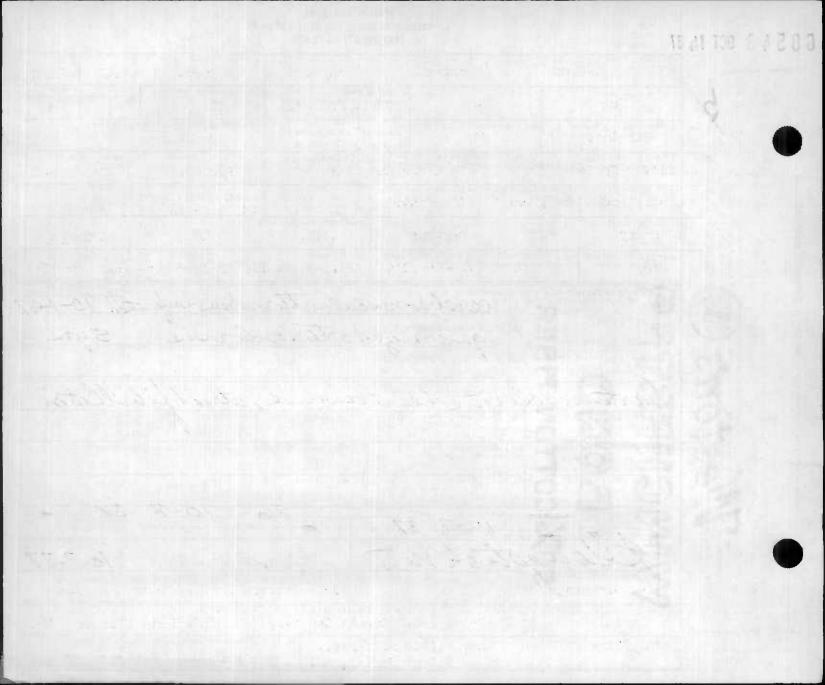


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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 8 OCT 14 | 87 - | FOR STATE REGISTRAR | | DEPARTA | | EALTH AND MENTAL HYG CATE OF DEATH | IENE REG NO | | |
|---|---------------|---|----------------------------------|--|-------------------|---------------------------------------|--|---|------------------------------------|
| | | CEASED NAME FIRST | | MIDDLE | U | AST | 20 DATE OF DEATH M | ONTH DAY YEAR | 2b HOUR |
| 33 6 | TYRE | OR RRINT) Emma | | Decatur | | Snodgrass | Oct. | 8 1987 | 4:22PM _M |
| e 4 may | 3 SE | Female | 4 RACE | /hite | 5 DATE O | t. 26 1905 | 6 AGE (IN YEARS LAST BIRTHI | DAY) IF UNDER 1 YEA MONTH! DAY! | R IF UNDER 24 HR |
| eath Pog | 7a BI | RTHPLACE ATEOMFOREIGN | | WHAT COUNTRY? | MARRIEI WIDOWE | NEVER MARRIED DIVORCED | 9 BALTIMORE CITY OR Montgo | COUNTY OF DEATH | MD. |
| by the fulled with | | lver Spring | | HOSPITAL, NURSIN | | ROTHER INSTITUTION pital | 170 USUAL OCCUPATION (TYRE OF WORK FOR MOST OF) HOUSEWII | WORKING (IFE) 126 KIND INDUSTR' OW | of BUSINESS OR n home |
| filled in thousand be in | 130M | | or other institution JNTY gomery | silver S | pring | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / 1 10838 Child | | 901 |
| de with | CIRC . | Muriy (| MIDDLE | Decatur | | Lillian | ME Ada | Ta | Îmage |
| e execut | | NAS DECEASED EVER IN U.S. | ARMED FORCES? | 220-46-6 | | Shirley S. | ADDRES Howell-daugh | | as 13e) |
| ires that the acc | 7 | Conditions, if any, which gove rise to immediate cause to stating the underlying cause last PART 2 OTHER SIGNIFICAN | DUE TO, | OR AS A CONSEQUE | - | 704 | | | |
| has been permit Ta | CERTIFICATION | 19a DATE OF OPERATION | 19h CONE | ac he | OPERATION | N WAS PERFORMED | 200 AUTOPSY? | 20b IF YES, WERE FIND IN CERTIFYING CAUSE YES | DINGS USED ES OF DEATH? NO |
| VSICIAN The ring physicic certificate virol transit Aental Hygin (tem-18 sho | MEDICAL CER | 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LEFT CHEET CONTRIBUTING TO CAUSE OF LEFT CHEET CAUSE OF LEFT CHEET CAUSE OF | DEATH HOUR A | DF INJURY . M. MONTH DA . M. OF INJURY | AY YEAR | 216 HOW INJURY OCCUR | RED LENTER NAT RE OF INJURY | IN ITEM 18 RART 1 ORRART 2 | |
| offer this os the both and A | MEE | WHILE NO! WHILE AT WORK | (AT HOME ST | TREET FACTORY OFFICE F | ARM ETC } | STREET | CITY OR TOW | N LOUNIY | STATE |
| RATTENDI hospital ar RECTOR A red for use pt of Heal | | 27a L certify that (1) (the boson the deceased alive obow), (1) to be (did /did | on | C-7 195 | - | d that in (my) opinion | death occurred on the dat | | that II less lost ne causes stated |
| O HOSPITAL OR efound by the I TO FUNERAL DIF should be detoch with the Stote De | | G. Sengstack | | of n | 0 | 22e ADDRESS | ara Drive, W | AN D | 8-87 |
| shouts with | | BURIAL, CREMATION REMOV. | AL 23b DATE | | | EMETERY OR CREMATORY coln Cemetery | 23d LOCATION | | |
| BP | _ | THES TRINGIDI F | | | | | E REC D BY REGISTRAR 2 | Pr. George | |
| OHMH = 16 60M 7/84 (VRA 15, 4) | | NAME | | | | | CT 1 3 1097 | Adia Sicilar | m. Produce |



STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

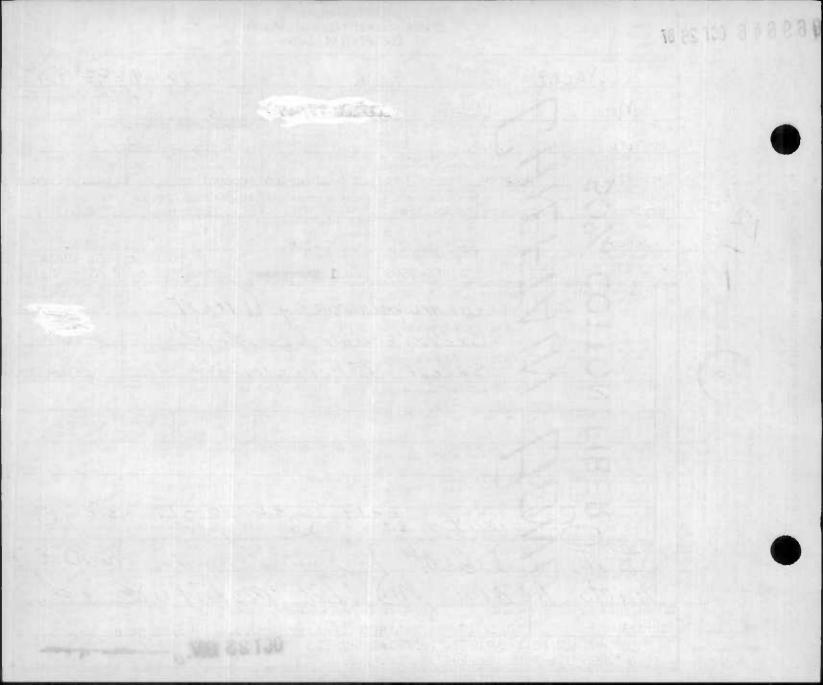
REGISTRAR 2a DATE OF DEATH 26 HOUR LIYPE OR PRINTS ACOP AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE **DECEMBER 23,1897** 89 TO BIRTHPLACE IN ATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York U.S.A. WIDOWER Montgomery County, ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Rockville. Hebrew Home of Greater Washington Accountant Grocery Industry USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 1136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Montgomery Rockville YES X NO 6121 Montrose Road: 20852 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Joseph Soko1 Mollie Berkowitz 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT ADD Potomac, Md. 20854 Yes WWII 577-05-7562 Joel Stearman; Nephew: 8506 Wild Olive Drive: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for rail, tb., and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate cause to, stating the underlying couse last CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN I'EM 18 PART OR PART HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INTURY 21f LOCATION AT HOME STREET FACTORY OFFICE FARM ETC) WHITE NO! WHILE AT WORK attended the deceased from pinion death occurred on the date and have and from the causes stated DEGREE 221 DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 230 BURIAL, CREMATION, REMOVAL 10/22/87 Burial Washington Hebrew Mem.Pk. Washington, D.C. 24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG, MEMORIAL CHAPELS LA LEAR 256 REGISTRAR'S SIGNATURE

1170 Rockville Pike: Rockville, Md. 20852

DHMH 16 60M 7/84

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(VRA 15, 4)



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| Ub | 7 7 NUV - | 3 44 | REGISTRAR | | | REG NO | Y YEAR IN HOUR |
| | yy be age 3 death | | DECEASED NAME EYPE OR PRINT) ESTA E | R G. | SOLOMON | 20 DATE OF DEATH MONTH DA | 8 87 8.10 A |
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| • | art. Pug | 77 | BIRTHPLACE : ALE DE FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | 9 BALTIMORE CITY OR COUNTY C | P DEATH |
| - | | 8 10 | CITY/OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSII | NG HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | No KIND OF BUSINESS OR |
| 4D 2120 | 16 | (1 | SUAL RESIDENCE (IF NURSING HOME OR 10 STATE 136/COUN Maryland Mont | | N 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CODE | (20902) |
| MARYLAN | opine opine | | FATHER'S NAME | MIDDLE LAST | 15 MOTHER'S MAIDEN NA | MIODLE D: | nchuk st |
| | dub x | 9 | Max | Feldm | | | |
| IIMORE | oe execution and construction and constr | | WAS DECEASED EVER IN U.S. ARA | MED FORCES? 166 SOCIAL SECTION SOCIA | Dr Harbart | Solomon; Son; 7505 M | |
| 3AL1 | sicio ppers | | 18 CAUSE OF DEATH (Enter on | y one couse per line for ia (b. a) | id f | | BETWEEN ONSET AND DEATH |
| - | phy npo emo | | PART I DEATH WAS CAUSEI | ECAUSE (D) CARUED | ulmonary arrest | | 1 rusute |
| STONS | feath cer frending ve carbo ion, ar re iumatic | | Conditions, if ony, which | DUE TO, OR AS A CONSEQUE | ence of carra | | 2 months |
| W. PRE | by the a by the a ase remator, cremator, ather tra | | gave rise to immediate cause io , stating the underlying cause last | DUE TO, OR AS A GONSEOL | | ur | 7 months |
| RDS. 20 | equires to signed. Then ple rito burid injury, or | | | ONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION GIVEN | N IN PART 1 o |
| AL RECOR | an has bee | ? | 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICE | OPERATION WAS PERFORMED | 200 AUTOPSY2 20b IF YES, IN CERTIFY! YES NO YES | WERE FINDINGS USED ING CAUSES OF DEATH? |
| OF VITA | ICIAN: T 9 physici ertificate od-transi ntal Hygi em 18 sh | | OR CONTRIBUTION CAUSE OF DEA | TH HOUR A.M. MONTH D | | RED (ENTER NATURE OF INJURY IN ITEM IS PAR | T OF PART 21 |
| DIVISION OF VIT | G PHYSi arrending or this co the burn and Me | | THE EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE ALWORK ALWORK ALWORK | 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE | FARM ETC] 211 LOCATION STREET | (IIY OK TOWN | COUNTY 1ATE |
| ī | TENDINI Ital or of OR Afti | | 22a.1 certify that (I) (this haspital sow the deceased alive on | | 10/7 19 87 £7 and that in (my) jour) apinion | death accurred on the date and hour | that (I) (we) last |
| | the hospit L DIRECTO tached fa e Dept of | | obove, (h) (we) (did) (did no 22b SIGNATURE | have | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 10/28/67 |
| | O HOSPITA etained by TO FUNERA shauld be de | 7 | 22d PHYSICIAN'S NAME (1996) | R PRINT SILVER | 22e ADDRESS | | 20010 |
| | Sho To | 2 | BO BURIAL, CREMATION REMOVAL | 23b DATE 23c | NAME OF CEMETERY OR CREMATORY | 23d LOCATION | |
| | BP | | Burlial | | eth Sholom Cong. Cen | DETERMINE CANITOR HO | inhts Md |
| | | 2 | FUNERAL DIRECTOR DANTA | VSKY-GOLDRERG MI | MORIAL CHAPELS 250 NO | PENDEC D. BA DEGISTRAD 254 DEGISTO | AD S SECNIATION |
| | DHMH - 16 60M 7/8 (VRA 15, 4) | 4 | 170 Rockville Pil | be. Rachuille | Id 20850 | 4 1901 Julia 5 | conducer. Rondoll |
| | , | - | I NUCLEUME IN | CK. NUCKVAAA | u. 40004 | | |

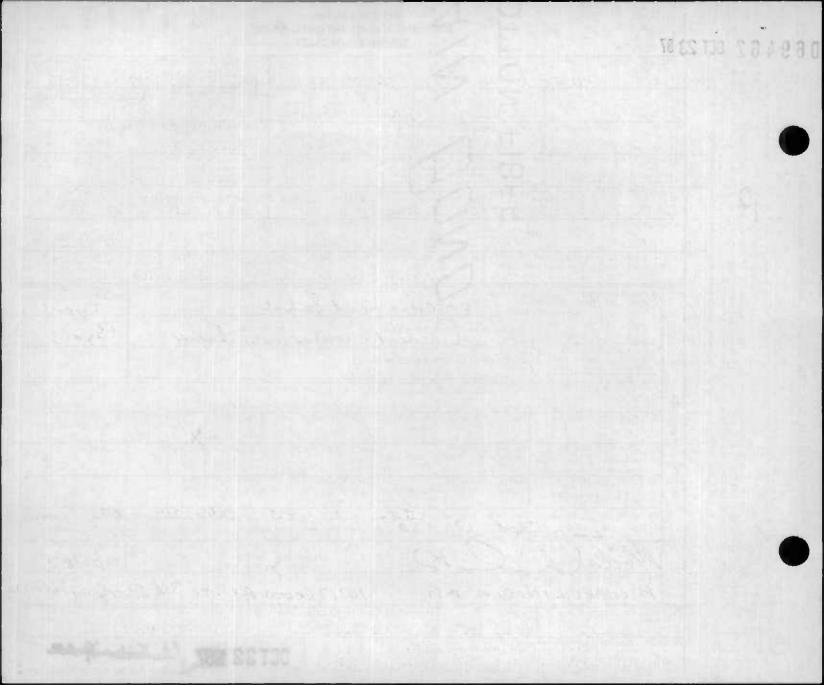
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 4 6 2 OCT | 28 | 87 | FOR STATE REGISTRAR | | DEPARTA | | EALTH AND MENTAL HYG ICATE OF DEATH | REG. I | NO. | | |
|---|---|---------------|---|-----------------------|---|--------------|--|-------------------------------------|-------------------------|---|-----------------------------------|
| 102 | | | EASED NAME FIRST | | MIDDLE | L | AST | 20 DATE OF DEATH | MONTH DA | Y YEAR | 26 HOUR |
| page 3 | | | ANASTA | SIA C | · . | SOL | UPOURAS | OCTOBER : | 20. 1987 | 7 | 8:15 A |
| moy ter d | 3 | SEX | | 4 RACE | | 5. DATE C | OF BIRTH | 6 AGE (IN YEARS LAST B | | INDER YEAR | IF INDER J HR! |
| ector | FEMALE CAL | | | | AN | DECEM | IBER 25, 1900 | 86 | YRS | LOAN STATE OF THE | HOURS MIN |
| h. Po | 7 70 | a. BIR | THPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIEI | NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | |
| death of o | | | EECE | USA | | WIDOWE | | MONTGOME | | | MD |
| the f | | | Y OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURSING THEACILITY, GIVE STREET | IG HOME C | R OTHER INSTITUTION | 120 USUAL OCCUPA | | 126 KIND C | F BUSINESS OR |
| 5 See 5 | | | LVER SPRING | 2508 J | ENNINGS (| COURT | | HOMEMAKER | | | |
| 103 | 1 | 30 5 | 100 000 | | SILVER | N | 13d INSIDE CITY LIMITS? YES NO | 13e STREET ADDRESS 2508 JENN | ZIP CODE | URT 2 | 20902 |
| mpletel | 7 | I FA | THER'S NAME FIRST UNKNOWN | MIDDLE | COLGIS | | 15 MOTHER'S MAIDEN NAME FIRST UNKNOWN | WE | | COZA | |
| ecute es 7 | 116 | | AS DECEASED EVER IN U.S. AF | | 166 SOCIAL SECU | RITY NO | 17 INFORMANT DAUG | GHTER ADDI | RESS 1080 | | SON ST. |
| Page medi | | (4) | NO NO OR UNKNOWN) (IF YES GI | E WAR OR DATES) | 579-42-7 | 7127 | DORIS HURDLE | E KEN | SINGTON | | |
| person | | T | 18 CAUSE OF DEATH (Enter or | nly one cause per | r line for (a), (b), and | dicili | 0 / | | | BETWEEN | IMATÉ INTERVAL ONSET AND DEATH |
| phy an pa emav | | -1 | PART I DEATH WAS CAUSE | D BY TE C AUSE (a) | conges | type t | reat tailor | 2 | | 3 | yers |
| equires that the death is signed by the attends. Then please remove car to burial, cremation, or nijury, or ather traumati | | NO | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last | DUE TO, O | r as a conseque | NCE OF | NOT RELATED TO THE TERM | | | 13, | ees |
| an has bee t permit | 2 | CERTIFICATION | 90 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | n was performed | YES NOW | 206 IF YES, IN CERTIFYE | WERE FINDIN | NGS USED OF DEATH? |
| g physical pertificate entificate information into the properties of the properties | -0 | | 710 ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE | allin . | DE INJURY M. MONTH DA M. | AY YEAR | 21¢ HOW INJURY OCCURE | RED (ENTER NATURE OF IN. | IURY IN DEM 18 PAR |)RPAR . | |
| affending ter this c s the bur n and Me | | MEDICAL | 71d INJURY OCCURRED WHITE NOT WHITE AT WORK | | OF INJURY REET FACTORY, OFFICE F | ARM ETC) | 21f LOCATION | T NO YTI | OWN | OUNTY | TATE |
| spital ar CTOR At far use a af Health | | | 220 1 certify that (1) (this hasp saw the deceased alive ar above, (1) (was said) faid no | Sent | 17 19 | ~ / | d that in (my) (eur) opinion (| to Ocksurded on the | | 87 | that (I (we lost |
| TAL OR A y the hay the hay the had detached tate Dept AT If herr | ======================================= | | 226 SUCHATURE | 1. | 216 |) | | MEDICAL ST. | | 10/2 | SIGNED |
| etained by TO FUNER, shauld be d with the Sto | | | MICHAEL L | | N, MD. | | 10313 Geogi | 2 Are Suite | 308 54 | verso | my md 20162 |
| 5 5 5 7 | 2: | | JRIAL, CREMATION, REMOVAL | | | | EMETERY OR CREMATORY | 236 LOCATION | | JUNITY | TATE |
| BP | | | BURIAL | OCT23, | | | CEMETERY | WASHINGT | | | |
| DHMH 16 60M 7 /84 (VRA 15, 4) | | | NERAL DIRECTOR FRANC: O UNIVERSITY BI | | | | 00 | T 22 1987 | R 250 REGISTRA | R'S SIGNAL | IRE |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

| 06 | 15 | OCT | 1 | FOR STATE FEGISTRAR | | DEPART | MENT OF H | E OF MARYLAND LEALTH AND MENTAL HYG LICATE OF DEATH | IENE REG NO | 0 1 3 | 7 |
|--------------------|--|---------------------------|----------|---|---|--|--------------------------------|---|--|---|-------------------|
| | | | DE | CEASED NAME FIRST | | MIDDLE | | AST | 20 DATE OF DEATH | MONTH DAY YEAR | 2b HOUR |
| | 1 11 | | | | RDON WAY | NE SPRAY | | | OCTOBER 1 | 1987 | 2:33 A |
| | 1 1 | | 3.58 | Ç: | 4 RACE | | 5 DATE (| OF BIRTH | 6 AGE IN YEARS LA I BIRT | HDAY) IF NUER TEA | AR IF NUER , 4 HR |
| | and and | / | - | MALE | CAUCAS | IAN | AUGI | JST 25 1949 | 38 | YRS | |
| | 2 11 | 42 | | ATHE ALE ATE OF FOREIGN | 76 CITIZEN OF | WHAT COUNTRY | ? 8 MARRIE | D NEVER MARRIED T | 9 BALTIMORE CITY O | R COUNTY OF DEATH | |
| | 1 11 | 19 | | LIFORNIA | | STATES | WIDOWI | DIVORCED | | GOMERY | MD |
| 10 | 1 1 | 1/2 | 10 C | BETHESDA | 11, NAME OF | HOSPITAL, NURSI THE FACILITY, GIVE STREE NAVAL H | T ADDRESS) | OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF RETIRED | F WORKING LIFE) INDUSTR | OF BUSINESS OR |
| AND 212 | 1 the second | 83 | VI | | | 136. CITY OR TOV | NN | 13d INSIDE CITY LIMITS? YES NO | 130 STREET ADDRESS / 7940 JANSE | ZIP CODE IN DRIVE | 22152 |
| 5. 00 | 1 10 | ALL | H FA | THER'S NAME FIRST | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | ME | | IASI |
| MA | 1 13 | 13/1 | / | WAYNE SI | | | | | MA COCHRAN | | |
| 98 | 100 | (1) | | VAS DECEASED EVER IN U.S. A | ARMED FORCES? BIVE WAR OR DATES! 173-1987 | | | 17 INFORMANT | ADDRE | | |
| ž. | 100 | ND | | YES 19 | 73-1987 | 572-82 | -0938 | SELMA ALEXAN | | | MONS COURT |
| 201 W. PRESTON ST. | of by the artending process by the artending process tempore suitable. | or other trainflatic ever | | Canditions, if any, which gave rise to immediate cause to stating the underlying cause last | DUE TO, O | r as a consequ | JENCE OF TIC LI JENCE OF | JNG CARCINOMA | | | |
| 500 | 1 21 | Alone Di | Z O | PART 2 OTHER SIGNIFICAN | CONDITIONS C | ON TRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONL | ITION GIVEN IN PART | 1 0 |
| AL RECOR | No for 19 | 7 | TIFICATI | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | H OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 206 IF YES, WERE FIND IN CERTIFYING CAUSE YES | |
| TIV 401 | Klass 7 g physic artificate intrans | 10 | CAL CER | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I | EATH HOUR A | DEINJURY .M. MONTH [.M. | DAY YEAR | 21¢ HOW INJURY OCCURE | RED (ENTER NATURE OF INJUR | Y IN ITEM 8 PART OR PART 2 | |
| IVISION | Mendin Me | open of | MEDI | 21d INJURY OCCURRED | (AT HOME ST | OF INJURY REET FACTORY OFFICE. | | 211 LOCATION STREET | CITY OR FOY | VINUO, OUNTY | ITATI |
| | ATTENDS control of CTOR, A Life use | 2) 6 10 | | 220 I certify that (I) (this has the deceased alive bave, (I) (we) (did) (did | on OCTOR | ER 1 19 | 8/ | nd that in (my) (our) opinian | , to <u>OCTOBER</u> deoth occurred on the do | ate and hour and from th | |
| | 8 8 8 8 | 3.2 | 2.3 | 22b. SIGNATURE | 00 | | | DEGREE ATTENDING | MEDICAL STAF | | TE SIGNED |
| | 14 14 14 14 14 14 14 14 14 14 14 14 14 1 | Z | | D) + | Llon | Ses | ſ | 7 D PHYSICIAN | DIRECTOR PHYSIC | IAN O | cT8/ |
| | 40 20 | 1 X | | 22d PHYSICIAN'S NAME (TYP | | IICND | | | AL HOSPITAL | | |
| | 91 81 | 1 2 | - | S.G.Fellowes | The second second second | | | | THESDA, MD 2 | 0814-5011 | |
| 99 | 9899 | 9 | | SURIAL, CREMATIO | AQ/2/ | | | EMETERY OF CREMATORY F H Crematory | 23d LOCATION CITY OF TOWN Alexand | ria | Va. |
| 1 . | DHMH 16 60 | M 7/84 | 24 FI | JNERAL DIRECTOR Va | Sept 1 | Chanl | all | 250 DA | E REC'D-BY BEGYRAR | 256 REGISTRAR'S SIGN | ATURE |
| | IVRA 15. | 4) | E | verly Funeral | Home 1105 | 65 Main | St Rai | rfax. Va. | 0 0 1901 | | A |

FOR

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

30144

| 3 NOV -9 | 87 | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. N | 10. | | |
|---|-------------------|--|------------------------------|--------------------------|------------|------------------------------------|---|--|--------------|--------------------------------|
| | | CEASED NAME FIRST | | MIDDLE | Ĭ | AST | 20. DATE OF DEATH | MONTH DA | AY YEAR | 26 HOUR |
| poge 3 | (TYPE | | ILLIAM T | RIPLETT SI | PRIEGI | EL | OCTOBER | 30 1987 | 7 | 10:42 |
| o P | 3 SE | X | 4 RACE | | 5 DATE C | | 6 AGE (IN YEARS LAST BI | RIHDAY) | FUNLER CEAR | IF INDER 24 H |
| s off | N | IALE | CAUCAS | SIAN | JUI | LY 4 1917 YEAR | 70 | YRS | CT 113 HAT | HOURT M |
| 12/1 | Ta. B | RTHPLACE (MINTE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | - | D NEVER MARRIED | 9 BALTIMORE CITY | THE STATE OF THE S | OF DEATH | |
| JEXE - | WE | ST VIRGINIA | UNITED | STATES | WIDOWE | | MONTGOM | ERY | | |
| 9 1 NOV | 10 ₃ C | TY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURSIN | IG HOME C | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | ION | 126 KIND C | OF BUSINESS |
| 11 11 | V | BETHESDA | (IF NOT IN SU | NAVAL HOS | SPITAI | | (TYPE OF WORK FOR MOST OF Public Relati | OF WOITICE | UNDUSTRY | United S lovernmer |
| a e e | | AL RESIDENCE (IF NURSING HOM | AE OR OTHER INSTITUTION | N GIVE RESIDENCE BEFORE | ADMISSION) | | | | 1000 | 1 11 35 |
| P P P | | RGINIA 136 C | OUNTY | SPRINGF | IELD | 13d INSIDE CITY LIMITS? YES NO [X] | 130 STREET ADDRESS 6725 HACK | ZIP CODE BERRY | STREET | 2215 |
| 7 2 2 | 14.FA | THER'S NAME | | 1 | | 15 MOTHER'S MAIDEN NAM | | DDIGIT I | JIKUDI | (CEID |
| ond 2 | () | CLAUDE | CLIFFORD | SPRIEGEL. | | EIRST | LIZABETH T | PIDI ETT | r IA | NT. |
| 85 5 | 16n \ | | | | IRITY NO | 17 INFORMANT | ADDR | | 1 | _ |
| ond ond | 4 | | 41-1962 | 579-52-8 | | TERESA A.SPRI | | | מסע כידיו | חדבים |
| 5 % | | | | 1 | | | | | | |
| ope ovol nt, th | | 18 CAUSE OF DEATH Enter PART I. DEATH WAS CA | only one cause pe USED BY | er line for ia , b , and | d c | | D, VA 22 | 130 | BETWEEN | MATE INTERVAL ONSET AND DEA |
| on on one | | | DIATE CAUSE (a)_ | CARCINON | MA OF | THE LUNG | | | - | |
| dro or or | | A | DUE TO, O | OR AS A CONSEQUE | ENCE OF | | | | | |
| nove cotion, troum | | Conditions, if ony, which | | | | | | | | |
| remo emo | | gove rise to immediate cause (o), stating the | 1 | OR AS A CONSEQUE | ENCE OF | | | | | |
| by tose of | | underlying cause last | | JR AS A CONSECUT | TIACE OI | | | | | |
| ple urio | | PART 2 OTHER SIGNIFICA | NT CONDITIONS C | ONTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVE | N IN PART 1 | a |
| to b | Z | | | | | | | | | |
| D D D D D D D D D D D D D D D D D D D | CERTIFICATION | 190 DATE OF OPERATION | 19b CONE | DITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b IF YES, | WERE FINDI | NGS USED |
| hos ene p | 문 | | | | | | YES [X NO] | IN CERTIFY YES | ING CAUSES | OF DEATH? |
| 9 S D -S | E . | 210 ACCIDENT WAS UNDERLYING | 21b TIME (| OF INJURY | | 21c HOW INJURY OCCURR | | | | 140 |
| Litron Ol Hy n 18 | | OR CONTRIBUTING CAUSE O | F DEATH HOUR A | M. MONTH DA | | | CO TENTER MANUAL CIT MAN | IN THE TENE | | |
| S cert borrol Mente | ICAL | (IF EITHER NOTIFY MEDICAL EXAM | | OF INJURY | 19 | 211 LOCATION | | | | |
| the burned w | MEDI | WHILE NO WHILE | | TREET FACTORY OFFICE F | ARM ETC : | STREET | ITY OR TO | 5WN | OUNTY | STATE |
| os t tho orke | | AT WORK AT WORK | | | 0.0/0.01 | | 0.0000000 | | | |
| R A Jeol | | 220 I certify that (1) (this h | ospital) attended t | he deceased from _ | 0.7 | BER 29 19 87 | 10 OCTOBE | | | that (III (we) |
| 2 10 | | saw the deceased alive above, (1) (we) (did) (di | d not view the bod | y after death | . ar | nd that in (my) (our) opinion o | leath occurred on the d | ate and hour | and from the | causes states |
| hed hed her | | 226 STOMATURE | 0 - | 7 | | DEGREE | | | 22c DATE | SIGNED |
| at D | | Edward | 1. + | ex. | | MD ATTENDING PHYSICIAN | MEDICAL STA | FF | 02 | Nov 8 |
| AN Sto | | 22d PHYSICIAN'S NAME (1 | YPE OR PRINT) | | , | - Long | HOSPITAL | - CALLAND | | |
| ORT THE | | EDWARD P. F | OX. LT. M | IC. IISN | | 1 | | 01/ 501 | 1.1 | |
| TO FUNER should be o with the Sto | 22- (| | | | LAME OF C | | SDA, MD 20 | 514-501 | 1.1 | |
| 111111 | | SURIAL, CREMATION, REMO | | | | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | | COUNTY | MIATE |
| 7-7-7 | _ | Cremation | 11-2- | 87 Met | ropol | litan Cremator | | | | |
| 1 16 60M 7 84 | 24 FI | INERAL DIRECTOR RI | chard Rap | p, Inc | | NOV. | REC D. BY REGISTRAR | 256 REGISTR | AR'S GIGNAL | Lios |
| (VRA 15, 4) | P | . O. Box 4335 | | | 200 | 010 | 0 1981 fue | 2 Daindo | 21 2-1 1-10- | |

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| 21 0 | FOR STATE REGISTRAR | DEPA | RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH | | |
|---------------|---|-------------------------------------|--|---|--|
| | CEASED NAME FIRST | MIDDLE | IASI | REG NO | DAY YEAR 2h HOLIR |
| | OR PRINT | WIDDLE | < 1 (AS) | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| | 6/04/ | a H. | Stanley | 10 8 | 23 87 27 |
| 3 SEX | | 4 RACE | 5 DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF INDER YEAR IF NEER JHA |
| | FEMALE | WHITE | AUG. 24 192 | 1 /2/2 | MONTH DAYS HOURS MI |
| Za Bil | RTHPLACE I MATE OR FOREIGN | 76 CITIZEN OF WHAT COUNT | | 9 BALTIMORE CITY OR COUNTY | OFDEATH |
| | (OUNTRY) | | MARRIED NEVER MARRIED | - BACHMORE CHI JK COOKI I | |
| 1 | OHIO | USA | WIDOWED DIVORCED | NONTG QUETY | COUNTY |
| 10 CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NU | RSING HOME OR OTHER INSTITUTION | 12a USUAL OCCUPATION | 126 KIND OF BUSINESS (|
| Su | JORSPRING- | Holy Cros | - 1/2 | LIBRARIAN | P.G.CD. PUBLIC S |
| 130 S | AL RESIDENCE THE NURSING HOME OF | VITY 13c CITY OR T | | 1743 KEDKEE | ST. / 2078 |
| V | ABNER 1 | AURIF HEIS | LER GWEN | DOLYN AMELIA | TONES |
| 160 V | VAS DECEASED EVER IN U.S. AR | RMED FORCES? 166 SOCIALS | ECURITY NO 17 INFORMANT | ADDRESS | V3 |
| | YES NO OF UNKNOWN) (IF YES GIV | JONE 215-12 | 8-8822 KERRY B. | STANLEY MEDFOR | NEOWACK TRA |
| | 18 CAUSE OF DEATH (Enter or | nly one couse per line fee (a), (b) | andic | 1 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT |
| 1 | PART I DEATH WAS CAUSE | 12 12 10 | restory Enlusa. | | |
| | IMMEDIA | TE CAUSE (o) | , | | |
| | | DUE TO, OR AS A CONSE | QUENCE OF | | |
| | Conditions, if ony, which | (b) +-te | estation long disce |) \ | |
| | gove rise to immediate cause of stating the | DUE TO, OR AS A CONSE | QUENCE OF | | |
| | underlying couse lost | | | | |
| Z O | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | TO DEATH BUT NOT RELATED TO THE | TERMINAL DISEASE OR CONDITION GIV | EN IN PART 1 a |
| CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WE | IICH OPERATION WAS PERFORMED | 20a AUTOPSY? 20b IF YES | , WERE FINDINGS USED |
| E S | | | | | YING CAUSES OF DEATH? |
| E | | | 100 | 703 | S NO |
| | 210 ACCIDENT WAS UNDERLYING | | DAY YEAR | CURRED (ENTER NATURE OF INJURY IN ITEM 18 P | ART UORPART. |
| AL | OR CONTRIBUTING CAUSE OF DE | ATH. | 19 | | |
| MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY | 211 LOCATION | | OUNTY STATE |
| X | WHILE NOT WHILE AT WORK | (AT HOME STREET FACTORY OFF | STREET | (ITY OR TOWN | STATE |
| | | | | 87 /0/23 | - |
| | | itali attended the deceased fro | Cha and | 10 | 19 that ((we) |
| | sow the deceased glive or | of view the body after death | 9 ond that in (my) (our) opi | nion death occurred on the date and hou | ond from the couses stated |
| | 226 SIGNATURE | | DEGREE | | 220 DATE SIGNED |
| | | . Q . | ATTENDIN | IG MEDICAL STAFF | 10/23/25 |
| - | 1224 PHYSICIAN'S NAME (TYPE) | OR BRIDE | 22e ADDRESS | N DIRECTOR PHYSICIAN | 10/23/87 |
| | THE PHISICIAN STYAME (TYPE | JK PKINI) J | 116 ADDKESS | 2 1 2 2 1 2 | |
| | Jay | Weiner | 4701 | Kandolph Rd Roc | ik lle bud |
| 23a 8 | BURIAL CREMATION, REMOVAL | | 731 NAME OF CEMETERY OR CREMATO | DRY 23d LOCATION | ÷ |
| | SPECIFY) | | 41/ | CITY OR TOWN | COUNTY STATE |
| 24.51 | CREMATION | October 26 1981 | CHAMBERS CREMATER | | CC. MARYLAN |
| 24 FL | UNERAL DIRECTOR | ADDR | 250 | PATE RECED BY REGISTRAR 256 REGIST | RAR'S SIGNATURE |
| tel. | N Caterna see Co. al | C. 8655 GEDROLA AV | E. SILVER SPRING MD | DCT 3 D 1097 // | F D 1. |

105-101 3 1 4 8 7 0 The second secon ENCHORES AND INCESSASIAN INCESSASIAN CONTRACTOR OF THE PROPERTY OF THE PROPERT CONTRACTOR PRINTS OF THE PRINTS OF THE PARTY ALA: ALA 780 O E 700

DHMH 16 60M 7 B4 (VRA 15, 4)

24 UNEWIRIGIAM Lee's Sons Company 300 4th St N.E. Washington, D.C. 20002

10-7-87

(SPECIETY Cremation

23c NAME OF CEMETERY OR CREMATORY Lee's Crematory

Washington, D.C.

NO F

250 DATE REC D BY REGISTRAR 256 REGISTRAR S SIGNATURE

10 0-110 07 1 1 3 0 THE DESTRICT Good State mail 195 Production of the contract of Martinatus Courts Silve Spein Hard Cours Harpital

d b

DHMH 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DECEASED NAME 2n DATE OF DEATH 2b HOUR PATRICIA ANN STEWARD OCTOBER 3 1987 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3 SEX SEPTEMBER 8 1943 FEMALE CAUCASIAN BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I MATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED CONNECTICUT UNITED STATES MONTGOMERY 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BETHESDA NAVAL HOSPITAL Home At Housewife USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION 130 STREET ADDRESS / ZIP CODE 12037 Stoneford DR. 22192 136 COUNTY 13d INSIDE CITY LIMITS? MOODBRIDGE VIRGINIA AL, FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MCDONALD JAMES ELIZABETH STODNIK **ADDRESS** 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ROGER E STEWARD 044-34-0356 12037 Stoneford DR WOODBRIDGE VA 22192 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic
PART I. DEATH WAS CAUSED BY

METATA CTT METATASTIC BREAST CANCER IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 20b IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21L LOCATION STREET AT HOME STREET FACTORY, OFFICE FARM ETC) WHILE NOT WHILE 22a I certify that (I) (this haspital) attended the deceased from SEPTEMBER OCTOBER 3 to OCTORER 3 and that in (my) (our) apinion death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death DEGREE DIRECTOR PHYSICIAN NAVAL HOSPITAL, BETHESDA MD 20814-5011 TERRENCE DWYER 23a BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY Cremation Oct. 5, 1987 Metropolitan Cremator Alexandria, Virginia Mountcastle Funeral Home 21b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 13318 Occoquan Road Woodbridge, VA

etoined by the hospital or

BP.

DHMH 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| - | 97 | FOR STATE REGISTRAR | | DEPARTM | | EALTH AND MENTAL HYG ICATE OF DEATH | IEÑE REG NO | | d | |
|----|---------------|--|--------------------|----------------------|-------------|--|--------------------------|-----------------|--|----------------------|
| ٠ | | CEASED NAME FIRST | Elizabeth | DOLE M. | 5 | AST Stone | | MONTH DAY | YEAR 26 H | |
| | TAPE | ORPRINIT ZORFT | 74 / | 1. | ito | NE | OCTOBE | 27 | 19273 | 15 |
| | 3 SE) | (| 4 RACE | | 5 DATE C | OF BIRTH | 6 AGE (IN YEARS LAST BIR | | | DER 23 HRS |
| | | Female | Whit | e | Apr | 11 7, 1893 | 94 | YRS | | is MIN |
| 1/ | 7a 81 | RTHPLACE MATE OR FOREIGN | 76 CITIZEN OF V | VHAT COUNTRY? | 8 MARRIE | NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF | DEATH | |
| | | Kansas | U.S. | | WIDOWE | | Montgome | | | MD |
| 1 | 10 CI | TY OR TOWN OF DEATH | | OSPITAL, NURSING | | DR OTHER INSTITUTION | 120 USUAL OCCUPATI | | 126 KIND OF BUS | INESS OR |
| 2 | - | Rockville | Shady Gro | ve klur | TIST | Nursina Center | Map Serv | | US Gov | 't. |
| Z | | AL RESIDENCE (IF NURSING HOME) TATE 13b CC | | Gaither | 1 | 130 INSIDE CTTY LIMITS? | 130 STREET ADDRESS | | Rd./208 | 79 |
| 3 | 14 FA | THER'S NAME | WIDDLE | Marks | | 15 MOTHER'S MAIDEN NAM | | | nhson | |
| 1 | 160 V | | ARMED FORCES? | 166 SOCIAL SECUP | RITY NO | 17 INFORMANT | ADDRE | SS | | - |
| | 0 | NO OR UNKNOWN) (IF YES | GIVE WAR OR DATES) | 577-36- | 9428 | Lloyd L. St | one, Same a | ddress | as #13. | |
| | | 18 CAUSE OF DEATH Ente | only one couse per | ine for o , (b , and | l ic | 14 | | | APPROXIMATE IN | ITERVAL IND DEATH |
| | | | DIATE CAUSE (o) | Cı | spr | aller | | | 1 M | |
| | 7 | 1/0 | DUE TO, OR | AS A CONSEQUE | NCE OF | | | | 11/01 | |
| | | Conditions, if any, which | (b) | 1- | 115/1 | umis duse | | | your | |
| | | couse (a), stating the underlying cause last | | AS A CONSEQUE | NCEOF | | | | U | |
| | | PART 2 OTHER SIGNIFICAN | | NTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN | IN PART 1 o | |
| | ION | deci | eliti | | | | | | | |
| 7 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDI | TION FOR WHICH (| OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | | ERE FINDINGS U G CAUSES OF DE NO | EATH? |
| | ERT | 71a ACCIDENT WAS UNDERLYING | 21b TIME OF | INJURY | _ | 21c HOW INJURY OCCURR | | 100 | | |
| | | OR CONTRIBUTING CAUSE OF | | | | | | | | |
| | MEDICAL | 216 INJURY OCCURRED | 21e PLACE C | | 19 | 211 LOCATION | | | | |
| | ME | AT WORK NOT WHILE AT WORK | | ET FACTORY OFFICE FA | ARM ETC) | STREET | (ITY OR TO | WN | (OUNTY | STATE |
| | | 220 I certify that (I) (this ha | . 1 / 1 | | 7/ | 19 8 | 10 10/2 | 13 | 1 that (| (we) lost |
| - | | obove (I) (we) (did) (did | on | 19 0 | | nd that in (my) (our) opinion (| death occurred on the de | ate and hour an | | |
| 1 | | 226 SIGNATURE | 2 m.0 | 2 | | DEGREE ATTENDING | MEDICAL STA | | 10 /2 ~ / | D |
| 1 | | 22d PHYSICIAN'S NAME (IV | PE OR PRINT | | VV | 1220 ADDRESS | DIRECTOR PHYSIC | IAN | 10/20/ | 1 |
| | | John Me | mich | | | 911 Runeli | Are. G | a their | lus 12m | 20879 |
| | | BURIAL, CREMATION, REMOV | AL 236 DATE | 23t N | IAME OF C | EMETERY OR CREMATORY | 23d LOCATION | 13 | DUNTY | STATE |
| | | Cremation | 10/28 | | | mfort Cremato | | | | |
| | | | eph Gawler | | | | CT 30 100 | 256 REGISTRAF | - 1 | |
| | 5. | 130 Wisconsin | Ave, NW, Wa | shington | ,D.C. | 20016 | 1.001001 | Efulia Di | cordon Rans | Cars. |

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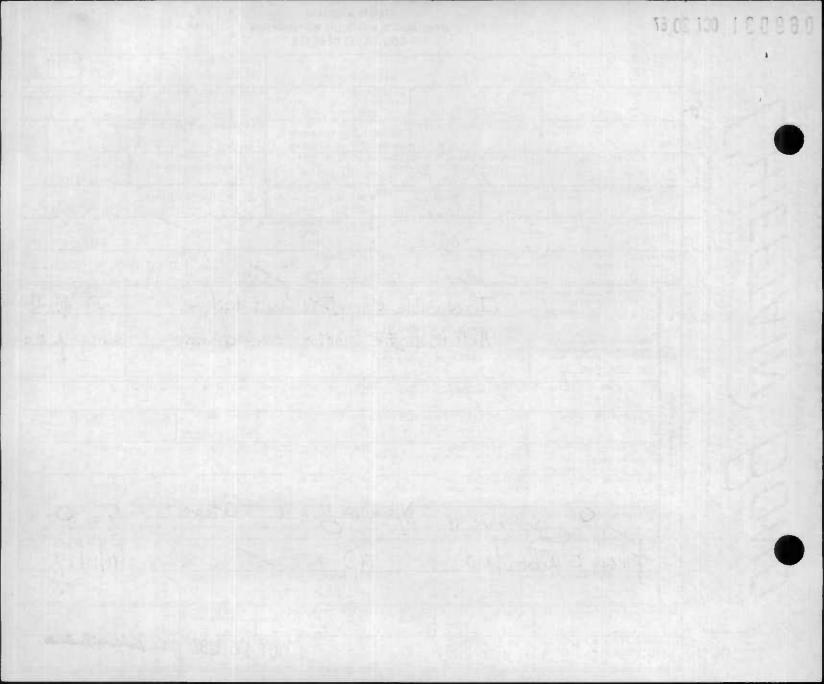
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | REGISTRAR | | | | | REG. NO | | | |
|---------------|---|------------------|---------------------|-----------------|------------------------------|------------------------------|--------------|-----------------|------------------|
| | CEASED NAME FIRST | | MIDDLE | l. | AST | 20 DATE OF DEATH | HIMON | DAY YEAR | 2b HOUR |
| (179) | MaBELI | E | V. | St | ott | October | 13, | 1987 | 1:55PA |
| 3 SE | X | 4 RACE | | 5. DATE C | | & AGE (IN YEARS LAST BIRTI | (DAY) | IF SUER YEAR | II UNDER 14 HR1 |
| - | Female | Cauca | asian | Marc | | 82 | YRS | JA. | HC SK MIN |
| | IRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN O | F WHAT COUNT | RY? 8 | D NEVER MARRIED | 9 BALTIMORE CITY OF | COUNT | Y OF DEATH | |
| _ | Kentucky | Unite | ed Stat | | | Montgome | 7° 57 (| County | MD |
| 10 C | ITY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NU | RSING HOME C | OR OTHER INSTITUTION | 120 USUAL OCCUPATIO | N Z | 125 KIND O | F BUSINESS OR |
| R | ockville | Rock | ville | Nursin | g Home | Homemake | | | Home |
| JSU I3n | AL RESIDENCE (IF NURSING HOME OF | OTHER INSTITUTIO | 134. CITY OR | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / | | | 110110 |
| | 7 7 | gomery | 1 _ 2 | | YES XX NO | 303 Adcla | | | 1850 |
| | ATHER'S NAME | MIDDLE | | | 15 MOTHER'S MAIDEN NA | AME | | | |
| | | E. | Vanio | | Bernice | MIDDLE | | Bus | |
| | WAS DECEASED EVER IN U.S. AR | | 166 SOCIALS | SECURITY NO. | Don S. Sto | _ ADDRES | | | |
| (| NO (16 YES GIV | E WAR OR DATES) | 578-14 | 4-0365 | Durango, C | ott 2801 No Colorado 81 | rth 301 | (Son) | ge Driv |
| _ | 18 CAUSE OF DEATH (Enter or | lv one cause p | er line far (a). (b | ondicii | 1 1 | | | | MATE INTERVAL |
| | PART I. DEATH WAS CAUSE | D BY | Toraler | sillo C | choostivo ho | at failure | | OHE | Mantha |
| | MMEDIA | | | , | | A | | | 1-11-11 |
| | Conditions If an Inti | DUE TO, | OR ASIACONSE | COLANCE OF | Carlingoca | da. discorre | | Manue | 1100 |
| | Conditions, if any, which gove rise to immediate | (b) | THE COLUMN | CLE MIC | CON CONTRACTOR | er avi car searce | | MIHAIN | yeur |
| | cause (a), stating the underlying cause last | DUE TO, | OR AS A CONSE | EQUENCE OF | | | | 7 | |
| | underlying couse last | ((c)_ | | | | | | | |
| | PART 2 OTHER SIGNIFICANT | CONDITIONS | CONTRIBUTING | TO DEATH BUT | NOT RELATED TO THE TERA | MINAL DISEASE OR COND | ITION GI | VEN IN PART 1 c | 1 |
| 0 | | | | | | | | | |
| CERTIFICATION | 190 DATE OF OPERATION | 19b CON | DITION FOR WH | HICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | | S, WERE FINDIN | |
| TE | | | | | | YES NOXX | | IFYING CAUSES | NO [|
| CEX | 210 ACCIDENT WAS UNDERLYING | | OF INJURY | | 21¢ HOW INJURY OCCUP | RRED LENTER NATURE OF INJURY | NIFM B | PAR ORPAR'. | |
| | OR CONTRIBUTING CAUSE OF DE | AIN . | A.M. MONTH | | | | | | |
| MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER | | P.M. E OF INJURY | 19 | 211 LOCATION | | | | |
| W | WHILE NOT WHILE | | TREET, FACTORY OF | FICE FARM ETC) | STREET | ITY OR TOW | N | TIMES | TATE |
| | AI WORK | | | Naw | 100 71 CA | October | 13 | 100 | |
| | 22a I certify that (1) (this haspi | | | V-7 | | to CATOPER | 11 | 19.0 | that I)(we) last |
| | saw the deceased alive on above (I) we) (did (did no | view the bac | ly after death | . ar | d that in (my) (aur) apinion | death accurred on the dat | e and ha | ur and from the | couses stated |
| | 226 SIGNATURE | 7-1 | | | DEGREE | | | 22c DATE | SIGNED |
| < | Hamen Elle | Voon A | und | | ATTENDING PHYSICIAN | DIRECTOR PHYSICI | AN 🗍 | 10/13 | 187 |
| | 124 PHYSICIAN'S NAME (TYPE | R PRINT} | | | 22e ADDRESS | | | | 20052 |
| | James E. V | Vilson | , M.D. | | 11125 Roc | ckville Pil | ce, | Rockvi | 118, M |
| 3n I | BURIAL, CREMATION, REMOVAL | | | 73r NAME OF C | | | | | |
| | (SPECIFY) | 2360 CE | oper | Montgo | EMETERY OR CREMATORY | CITY OR TOWN | 3.5 | COUNTY | STATE |
| 24 5 | Cremation UNERAL DIRECTORODER | 14 | 1987 | cremai | cal Home 150 Danie () | Bethesda | Ma. | ryland | - A 15 |
| 7 9 F | UNINERAL DIRECTOR (1111 1 | A - PI | | | | | AD aKE () S | | |
| Be | ethesda-Chevy | Chase | e Incum | 7557 W | isconsin | T 1 6 198/ | المنك | Diography | |

DHMH = 16 60M 7/8 (VRA 15, 4)

BP.



STATE OF MARYLAND

| 068157 001 | -b | FOR SLATE RIGISTRAR | | DEP ARTM | | ALTH AND MENTAL AY | GIÉNE REG N | 0 | | |
|--|---------------|---|-------------------------------|--------------|--------------|---------------------------------|---|------------------|-------------------------|-------------------|
| | | CEASED NAME FIRST | WIDDLE | | LAS | 1 | 20 DATE OF DEATH | MONTH D | AY YEAR | 26 HOUR |
| nay be page 3 | (ITP | SHE! | LLA DOROTHEA | MARY | STRIC | KLAND | OCTOBER 5 | 1987 | | 1:02 P |
| a d | 3. SE | Х | 4 RACE | | 5 DATE OF | BIRTH | 6 AGE (IN YEARS LAST BIR | THDAY) | FUNDER I HAR | IF LINDER , I HRY |
| ctor s aft | F | 'EMALE | CAUCASIAN | | MARC | H 24 1944 | 43 | YRS | ONTH! DAVI | HOURS MIN |
| A 22 A | 1/6 B | IRTHPLACE (ATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT CO | DUNTRY? | 8 MARRIED | NEVER MARRIED | 9 BALTIMORE CITY C | R COUNTY | OF DEATH | |
| 1 | 1 | ENGLAND | ENGLAND | | WIDOWED | DIVORCED [| | | | MD |
| | 1 | BETHESDA | (IF NOT IN SUCH FACILITY NAVA | AL HOS | SPITAL | OTHER INSTITUTION | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOUSEWIE | F WORKING LIFE | 126 KIND OI INDUSTRY | BUSINESS OR |
| 0 213 | JSU 30. | AL RESIDENCE (IF NURSING HOME C STATE 136, COU | | OR TOWN | | 3d INSIDE CITY LIMITS? | 13e STREET ADDRESS | ZIP CODE | | |
| NA SE SE | | | CE GEO'S TEN | MPLE I | The state of | YES NO | 6502 ACORN | COURT | | 20748 |
| BALTIMORE, MARYLAND cot by Section and competed for the columns of the most columns of the colu | PL.F. | ATHER'S NAME EIRST | WIDDLE | LAST | 1 | 5 MOTHER'S MAIDEN NA | AME | | LAST | |
| W 1 11 /1/ | W | LOUIS HEN | NRY MARTIN | | | CYI | NTHIA COLE | | | |
| ORE TO SEE | | WAS DECEASED EVER IN U.S. A | IVE WAR OR DATEST | CIAL SECUR | | 7 INFORMANT | ADDR | | | |
| IIW | | NO | - 372 | 2-48-1 | 1976 | | ICKLAND, 6502 | | COURT | , |
| BALT On Op | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | nly one cause per line for to | al, (bl, and | 10 | | ILLS, MD 207 | 48 | BETWEEN | NATE INTERVAL |
| : 400 | | IMMEDIA | TE CAUSE (a) ADEN | NOCARO | CINOMA | METASTATIC | TO BRAIN | | | |
| orbo orbo | | | DUE TO, OR AS A CO | | | | | | | |
| death | | Conditions, if any, which | (1b) | 011320021 | | | | | | |
| so that the death cert lead by the attending properse, ramove carbon uniol, crempation, or rem | | gave rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CO | ONSEQUE | NCE OF | | | Ţ | | |
| RDS, 201 | N O | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUT | TING TO DI | EATH BUT N | OT RELATED TO THE TER | minal disease or con | DITION GIVE | N IN PART 1 a | |
| AL RECO | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FO | R WHICH (| OPERATION | WAS PERFORMED | 200 AUTOPSY? | IN CERTIFY | WERE FINDIN | |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN The law requir offending physician when this certificate been sign as the burioffronsh permit. Then th and Mental Hygiene prior to b orked or Hem 18 shaws any injury | | 210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE | ATH HOUR A.M. MO | NTH DAY | Y YEAR | 21c HOW INJURY OCCUP | RRED (ENTER NATURE OF INJU | RY IN ITEM 8-PAI | R1)R PARI | |
| IVISION IG PHYS attendin ter this c s the bur n and Me | MEDICAL | 21d INJURY OCCURRED WHILE NO WHILE AL WORK | 21e PLACE OF INJUR | | | 211 LOCATION STREET | (ITY OR TO | IWN | OUNTY | MIATE |
| NDIN I or I or Vse o Health | | 220 I certify that (I) (this hosp | oital) attended the decease | ed from | | | OCTOBE | | 9_87 | hat II (we) last |
| Sp to Sp to CTO for of th | | saw the deceased alive of above, (I) (we) (did) (did) | ot view the body after dea | 198 | 3/ , ond | that in (my) (our) opinion | death occurred on the d | ate and hour | and from the c | auses stated |
| OR & DIRECTOR OR BOOK PORTE | | 77k SIGNATURE 1 | 100 | 7 | DE | GREE | | | 22c DATES | GIGNED |
| AL Date Date Tr. If | 1 | HAN | tovel & | | 1 | ATTENDING PHYSICIAN | MEDICAL STA | FF CIAN [] | 60 | ct 87 |
| SPIT SPIT NER De e Ste | 7 | 234 PHOLIAN'S NAME ON | DEMINE | | | | AL HOSPITAL | | | |
| TO HOSPITAL retained by this TO FUNERAL I Should be detorm with the State [MAPORTAN]; if | | L. R. LOVELL | I CDP MC | HCM | | BETI | HESDA, MD 20 | 814-50 | 11 | |
| BP | | BURIAL, CREMATION, REMOVA | | 23c N | | METERY OR CREMATORY National C | 23d LOCATION | | Vir | giníä |
| | | UNERAL DIRECTOR Lee F | | | | | TE REC'D. BY REGISTRAR | NI DECICED | 1 BUS S 10 - 1 1 T 1 | - |
| DHMH - 16 60M 7/84 (VRA 15, 4) 6 | | Old Alexander | | A DODGE | | | T = 8 1987 | Julia , | Cordion. | foodall |

06977

STATE OF MARYLAND

| 20 | G7 REG | SISTRAR | | CER | IIIICAIL OI DLAIII | REG. NO | |
|----|--------------------------|---|---|----------------------------|---|--|--|
| 20 | 1 DECEASI | ED NAME FIRST RAZPH | LER | oy So | DLIVAN | 10 / 18 / 8 | 7 YEAR 26 HOUR ON |
| | | MALE | 4 RACE White | | TE OF BIRTH DAY DAY YEAR O | 6 AGE (IN YEARS LAST BIRTHDAY) 8 5 YR: | |
| 7 | COUNT | D.C. | 76 CITIZEN OF WHAT | · A WIDO | RIED NEVER MARRIED DIWORCED DI | 9 BALTIMORE CITY OR COUN Montgomery | MD |
| 1 | | oma Park | | | ist Hospital | 120 USUAL OCCUPATION [1786 OF WORL FOR MOST OF WORLING Retired dispatch | |
| 5 | Mar Mar | cyland Mon | | ITY OR TOWN | 13d INSIDE CITY LIMITS? YES 🔼 NO 🗌 | | Md. 20903 pshire Ave. #102 |
| | 14 FATHER | John | T. | Sullivan | Daisy | WIDDIE | Bremerman |
| | | DECEASED EVER IN U.S. AR DORUNKNOWN) (IF 192 | E MAR OR DATES | 78 –10–61 99 | PatriciaA. Fr | er Spring,^DM&. 2 ank(daughter)1360 | 0904 0 Elm Grove Circl e |
| 2 | Cor go cou unc | nditions, if ony, which we rise to immediate use (b) stating the derlying couse lost | DUE TO, OR AS 2 (b) DUE TO, OR AS 2 (c) CONDITIONS CONTRI | Enkel | BUT NOT RELATED TO THE TERM | | YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YES NO NO |
| | 21d wh AI will 22d [27b] | I certify that (I) (this hospisow the deceased alive an above, (A) (we) (did) (this deceased alive an above, (A) (we) (did) (this deceased) | HOUR A.M. P.M. 21e PLACE OF IN (AT HOME STREET FAI (Ital) ottended the dece | JURY CTORY OFFICE FARM ETC | 21f LOCATION 1 21f LOCATION 1 19 2, and that in (my) (our) opinion DEGREE ATTENDING | city or town to depth occurred on the date and leading to the distance of the date and leading to the distance of the distanc | COUNTY HATE |
| _ | 230 BURIA | Thomas P. Fo | | | 7676 New H | | |
| J | 24 FUNER 133 | ALDIRECTOTYSON W Rockville P | Theeler Fun ike, Rockvil | eral Home le, Md. 20 | Inc. 250 DA | OCT 2.3 1987 | SISTRARS SIGNATURE Julia Diordon Pardelle |

DHMH 16 60M 7/84 (VRA 15, 4)

BP.

FOR STATE

69773 001 28 87 又在2.2000 2.42000 2.120000 1.2000 1.200 1. when no little serial of the Health intigant title obe nathrings. THE RESERVE OF THE PROPERTY OF Property and on a greater of also to at 19 19 19 19 19 19 19 19 ners and leading to the control of t

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| CT | 1 | BEGISTRAR | | | CERTIF | CATE OF DEATH | REG NO | 5 | | |
|------------------------------|---------------|--|---------------------|---|-------------|---|--------------------------------------|------------------|---------------------|-----------------------|
| | 1 DE | CEASED NAME FIRM | MIDDI | E | Ta | Theros, | 20 DATE OF DEATH | 87 | AY YEAR | 26 HOUR |
| | 3 SE | X | 1 RACE | | 5. DATE O | F BIRTH | 6 AGE (IN YEARS LAST BIRT | THDAY) | IF UNDER LYEAR | IF INDER 11 HRS |
| | M | ALE | CAUCASIAN | V | NOVE | MBER 6, 1897 | 89 | YRS | ONTHS DAYS | HOUR' MIN |
| 7 | | RTHPLACE ATE OR FOREIGN COUNTRY | 76 CITIZEN OF WHA | | 8 MARRIE | NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY (| OF DEATH | |
| 8/ | _ | ATVIA | USA | DITAL NILIDEINI | WIDOWE | D DIVORCED D | MONTGOME | | Fig. KIND O | MD_ OF BUSINESS OR |
| Z | | ILVER SPRING | (IF NOT IN SUCH FAC | | ADDRESS) | | (TYPE OF WORK FOR MOST OF ACCOUNTANT | | INDUSTRY | AN CIVIL |
| S S | 13a 5 | AL RESIDENCE (IF NURSING HOME OF STATE 138 COUR ARYLAND MONT | NTY 13c. | RESIDENCE BEFORE CITY OR TOWI [LVER S | N | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / 1224 KATHR | | | VICE 04 |
| examine | 14 F/ | JANIS | MIDDIE | TALBERG | S | 15 MOTHER'S MAIDEN NAM FIRST KATE | AË MIDDLE | | ZILE | |
| 0 1 | | WAS DECEASED EVER IN U.S. AF | MED FORCES? 16b | SOCIAL SECU | RITY NO. | 17_INFORMANT | ADDRE | SS | | |
| med . | N | | | 066-36- | 4607 | ALDA T. WHITT | C/DAUGHTER/ | SAME A | S 13 | |
| y injury or othe training of | TION | | eace i | A CONSEQUE | DEATH BUT | | | | | |
| So Swar | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION | A FOR WHICH | OPERATIO | n was performed | YES NO | | WERE FINDING CAUSES | |
| s sem 18 s | | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | HOUR A.M. | | AY YEAR | 21¢ HOW INJURY OCCURR | ED (ENTER NAT IRE OF INJUR | O IN ITEM 18 PAI | RT OR PART. | |
| rked or | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF IT | | ARM ETC I | 211 LOCATION | CITY OF TO | wN | COUNTY | STATE |
| If Item 21 is ma | | 270 I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no 27) SIGNATURE | 9/19/8 | 19_ | an | d that in my (aur) opinion of DEGREE ATTENDING | MEDICAL _ STAF | FF | | |
| MPORTANT | / | 22d PHYSICIAN'S NAME (TYPE) | | airi |) · | 22e ADDRESS | DIRECTOR PHYSIC | IAN | 1707 | -Porse |
| ¥ / | 22- | BURIAL, CREMATION, REMOVAL | | | | 8608 TTU | DPEN HU | / | 7119 | - CMADE |
| | | CREMATION | OCT7,198 | | | LITAN CREMATOR | CITY OR TOWN | RIA | COUNTY | IRGINIA |

DHMH 16 60M 7 B4

(VRA 15, 4)

should be detached for use as the burral-transit permit. Then please it may the State Dept. of Health and Mental Hygiene prior to burral, cremining

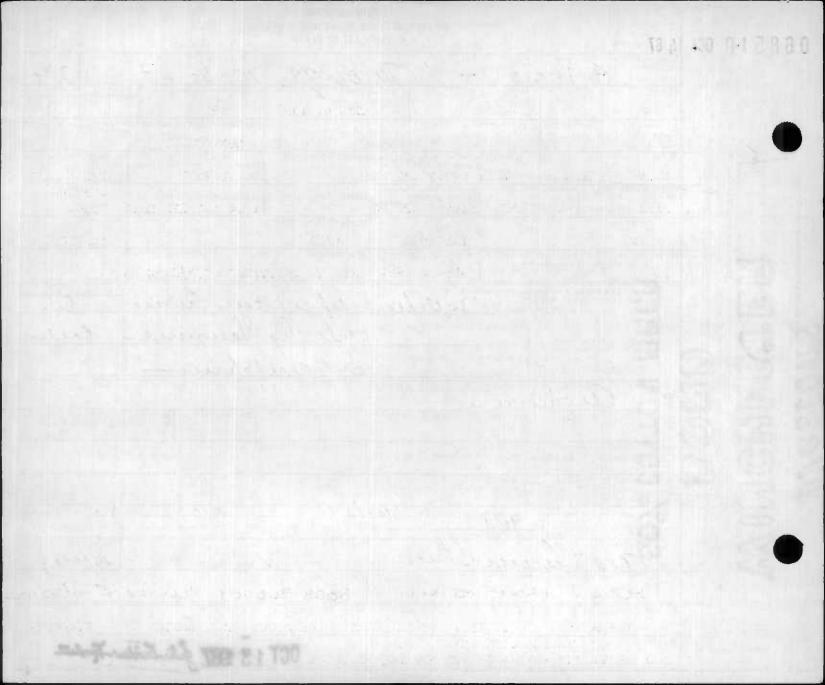
TO FUNERAL DIRECTOR After this certificate has been signed by thin

TO HOSPITAL OR ATTENDING PHYSICIAN The etoined by the haspital or attending physician.

BP.

FUNERAL DIRECTOR FRANCIS J. COLLINS, JR.
500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

250 DATE REC'D BY REGISTRAN WEST TRANS SIGNATURE



06923

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HIGIENE

| | 1 - | REGISTRAR | | | | | | REG. 1 | | | |
|--|-----------------------|--|--|--|--|--|---|--|---|--|--------------------------------|
| CT 2 | 1 DEC | CEASED NAME | LOF | RENC | MIDDLE | T | ALBERT | 2a DATE OF DEATH | 10/1 | 4/87 | Zb HOUR |
| ANT: If them 21 is morked or Item 18 shows any injury, or other traumotic event, the medical examiner must be not that of once | 3 SEX | X | | 4 RACE | | 5 DATE C | OF BIRTH | 6 AGE (IN YEARS LAST B | _ | IF UNDER 1 YEAR | IF UNDER 14 H |
| | | Female | | Whi | te | Sep | t 8° 1897 | 90 | YRS. | MONTHS DAYS | HOURS M |
| 0/ | 7a BII | RTHPLACE (STATE OF F | FOREIGN | 76 CITIZEN OF | WHAT COUN | ITDV2 0 | | 9 BALTIMORE CITY | | OF DEATH | |
| 000 | | Maryland | | Usa | a | MARRIE | D NEVER MARRIED X | Montgome | ery Cou | intv | |
| 8 / | 10 CI | ITY OR TOWN OF DEA | ATH | 11. NAME OF | HOSPITAL, N | IURSING HOME C | OR OTHER INSTITUTION | 120 USUAL OCCUPA | TION | 126 KIND O | F BUSINESS |
| ₹/) | Ga | aithersburg | a l | Andre - | 8 15 | STREET ADDRESS) | ENTED | Houseker | | E INDUSTRY | |
| be | USUA | AL RESIDENCE (IF NURS | ING HOME OR | OTHER INSTITUTION | | FEBEFORE ADMISSION) | ENTER | HOUSERE | CPCI | 1 | |
| as a second | | STATE backyand | Monte | | 13c CITY OR | | 13d INSIDE CITY LIMITS? | 13e.STREET ADDRESS | | | 207 |
| e e | | aryland ATHER'S NAME | IMOTIC | gomery | Gall | hersburg | YES NO [] | Asbury Met | Lilouis | L VIIIa | je 207 |
| Omic | 17 12 | FIRST | Λ.7 | MIDDLE | LAS | ST _ 7 L | FIRST | MIDDLE | | LAS | |
| ex ex | 14 14 | Charles | | exander | | albert | Rosa | Virgi | IN1a RESS | Ha | anson |
| dicc | | VAS DECEASED EVER | | E WAR OR DATES) | | SECURITY NO | 17 INFORMANT | | | | 0.1 |
| E / | | No | | | 213-28 | 8-2417 | Richard E. T | albert 1010 | U.S. Ca | | |
| + + | | 18 CAUSE OF DEAT PART L DEATH W | H (Enter on | ly one cause pe | line lor (a). (| b4, and Ic | Respi | ./ | | BETWEEN | MATE INTERVAL ONSET AND DEA |
| r other traumotic ever | | Conditions, if any, gave rise to improve to state underlying cause | mediate ig the | DUE TO, C | OR AS A CONS | SEQUENCE OF | | arres | scle | 280 | , |
| vs any injury, or other traumotic ever | FICATION | gave rise to immorause to immoral station underlying cause | , which mediate ing the last | DUE TO, CO | OR AS A CONS | SEOUENCE OF | | TENIS TENIS TENIS TO AUTOPSY? | NDITION GIV | EN IN PART 110 5, WERE FINDIN YING CAUSES | GS USED OF DEATH? |
| shows any injury, or other traumotic ever | ERTIFICATION | gave rise to immodule to the cause of a stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA | , which mediate ig the last | DUE TO, C b) DUE TO, C c) CONDITIONS C | OR AS A CONS | SEOUENCE OF | NOT RELATED TO THE TERM | THE THE THE THE THE THE THE THE THE THE | 20b. IF YES | EN IN PART 1105, WERE FINDING YING CAUSES | IGS USED |
| 3 Shows any injury, or other traumotic ever | CERTIFICAT | gave rise to immediate and enderlying cause | , which mediate in the last NIFICANT C | DUE TO, C b) DUE TO, C column colu | OR AS A CONS ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING | SEOUENCE OF | NOT RELATED TO THE TERM | THE THE THE THE THE THE THE THE THE THE | 20b. IF YES | EN IN PART 1105, WERE FINDING YING CAUSES | GS USED OF DEATH? |
| Item]8 shows any injury, or other traumotic ever | CERTIFICAT | gave rise to immediate to immediate to stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a ACCIDENT WAS UNDOR CONTRIBUTING CONTRIBUT | which mediate ig the last VIFICANT C | DUE TO, CO 16) DUE TO, CO 170 CONDITIONS C | OR AS A CONS ON TRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING | SEQUENCE OF SEQUENCE OF GOODEATH BUT | NOT RELATED TO THE TERM IN WAS PERFORMED 21c HOW INJURY OCCUR | THE THE THE THE THE THE THE THE THE THE | 20b. IF YES | EN IN PART 1105, WERE FINDING YING CAUSES | GS USED OF DEATH? |
| rrked or Item 8 shows any injury, or other traumotic ever | MEDICAL CERTIFICATION | gave rise to immediate to immediate to stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UNIT | which mediate go the last NIFICANT CO | DUE TO, C b) DUE TO, C column colum | OR AS A CONS ONTRIBUTING ONTRIBUTING ONTRIBUTING OF INJURY OF INJURY OF INJURY | SEQUENCE OF SEQUENCE OF GOODEATH BUT WHICH OPERATIO | NOT RELATED TO THE TERM | THE THE THE THE THE THE THE THE THE THE | 20b. IF YES IN CERTIF YES | EN IN PART 110 5, WERE FINDIN YING CAUSES S | GS USED OF DEATH? |
| r 21 is morked or Item 18 shows any injury, or other traumotic ever | CERTIFICAT | gave rise to imma cause la statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a ACCIDENT WAS UNE OR CONTRIBUTING OF CONTRIBUTING 21d INJURY OCCUR! | which mediate go the last NIFICANT COTION DERLYING CALEXAMINER RED GIE CALEXAMINER RED GIE CALEXAMINER RED GIE CALEXAMINER RED | DUE TO, CO b) DUE TO, CO co 19b. COND 19b. COND 19b. COND 19b. COND 21b TIME CO HOUR A P 21e PLACE (AT HOME ST | OR AS A CONS ON TRIBUTING ONTRIBUTING OF INJURY M. MONTH M. MOTH M. M | SEQUENCE OF SEQUENCE OF SEQUENCE OF OTO CO G TO DEATH BUT VHICH OPERATIO H DAY YEAR 19 DEFICE FARM ETC.) | NOT RELATED TO THE TERM IN WAS PERFORMED 21c HOW INJURY OCCUR | AINAL DISEASE OR COL | 20b. IF YES IN CERTIF YES JURY IN ITEM -8 P | EN IN PART THE | PGS USED OF DEATH? |
| 4T; If Hem 21 is morked or Item 38 shows any injury, or other traumatic ever | CERTIFICAT | gave rise to immediate to immediate to immediate the state of the stat | which mediate go the last NIFICANT COTION DERLYING CALEXAMINER RED GIE CALEXAMINER RED GIE CALEXAMINER RED GIE CALEXAMINER RED | DUE TO, CO b) DUE TO, CO co 19b. COND 19b. COND 19b. COND 19b. COND 21b TIME CO HOUR A P 21e PLACE (AT HOME ST | OR AS A CONS ON TRIBUTING ONTRIBUTING OF INJURY M. MONTH M. MOTH M. M | SEQUENCE OF SEQUENCE OF G TO DEATH BUT VHICH OPERATIO H DAY YEAR 19 DEFICE FARM ETC.) | NOT RELATED TO THE TERM IN WAS PERFORMED 21t LOCATION STREET 19 8 and that in (my) opinion DEGREE ATTENDING PHYSICIAN | ZOO AUTOPSY? YES NO RED (ENTER NATURE OF IN) CITY OR TO death occurred on the death oc | 20b. IF YES IN CERTIFY YES | EN IN PART THE | OGS USED OF DEATH? NO |
| APORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumotic ever | CERTIFICAT | gave rise to imma cause la statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a ACCIDENT WAS UNIOR CONTRIBUTING 10 INFETTING 11 WORK NOT WHILE AT WORK NOT WHILE AT WORK 22a Certify that (1) saw the decease above. (1) I work cause in the cause of the c | which mediote go the lost NIFICANT COTION DERLYING CAUSE OF DEA CALEXAMINER RED FILE | DUE TO, CO b) DUE TO, CO conditions C 19b. COND 19b. COND 19b. COND 12b TIME C HOUR A P 21e PLACE (AT HOME ST) view the body | OR AS A CONSOR AS | SEQUENCE OF SEQUENCE OF G TO DEATH BUT VHICH OPERATIO H DAY YEAR 19 DEFICE FARM ETC.) | NOT RELATED TO THE TERM IN WAS PERFORMED 21c HOW INJURY OCCUR 21f LOCATION STREET 19 87 nd that in (my) — opinion DEGREE ATTENDING | AINAL DISEASE OR COI 200 AUTOPSY? YES NO CITY OR T CITY OR T MEDICAL ST. DIRECTOR PHYS | 20b. IF YES IN CERTIFY YES | EN IN PART TIC | OGS USED OF DEATH? NO |
| IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other traumotic ever | MEDICAL CERTIFICAT | gave rise to immediate to immediate to immediate the state of the stat | which mediate go the last wife CANT CO TION DERLYING CAUSE OF DEAL CAIL EXAMINER RED (1) CAUSE OF DEAL CAIL EXAMINER RED (1) CAUSE OF DEAL CAIL EXAMINER CAIL EXAMINER CONTROL CAIL CAIL EXAMINER CONTROL CAIL CAIL CAIL | DUE TO, CO b) DUE TO, CO co 19b COND | OR AS A CONSON AS | SEQUENCE OF SEQUENCE OF SEQUENCE OF G TO DEATH BUT VHICH OPERATIO H DAY YEAR 19 DEFICE FARM ETC.) | NOT RELATED TO THE TERM IN WAS PERFORMED 21c HOW INJURY OCCUR 21f LOCATION STREET 19 8 and that in (my) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS | AINAL DISEASE OR COM 200 AUTOPSY? YES NO CHIYOR TO THE NATURE OF INJ CHIYOR TO THE NATURE OF INJ MEDICAL STA DIRECTOR PHYS 1233 LOCATION | 20b. IF YES IN CERTIFY YES | COUNTY 19 8 220 DATE | OGS USED OF DEATH? NO |
| IMPORTANT: If Hem 21 is morked or Item]8 shows any injury, or other traumotic ever | MEDICAL CERTIFICAT | gave rise to immacause la statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a ACCIDENT WAS UNE OR CONTRIBUTING OF CONTRIBUTING 1 11F EITHER NOTIFY MEDI 22a I certify that (1) sow the decease above, (1) (1) 12b SIGNATURE 22d PHYSICIAN'S NA | which mediate go the last wife CANT CO TION DERLYING CAUSE OF DEAL CAIL EXAMINER RED (1) CAUSE OF DEAL CAIL EXAMINER RED (1) CAUSE OF DEAL CAIL EXAMINER CAIL EXAMINER CONTROL CAIL CAIL EXAMINER CONTROL CAIL CAIL CAIL | DUE TO, CO 19b. DUE TO, CO 19b. CONDITIONS C | OR AS A CONSOR AS | SEQUENCE OF SEQUENCE OF SEQUENCE OF G TO DEATH BUT VHICH OPERATIO H DAY YEAR 19 DEFICE FARM ETC.) | NOT RELATED TO THE TERM ON WAS PERFORMED 216 HOW INJURY OCCUR 216 LOCATION STREET 19 8 and that in (my) appinion DEGREE ATTENDING PHYSICIAN 226 ADDRESS 228 W EMETERY OR CREMATORY | ANNAL DISEASE OR CON 200 AUTOPSY? YES NO CHIYOR TO NO AEDICAL PHYS LSC NS 23d LOCATION CITY OR TOWN CITY OR TOWN | 20b. IF YES IN CERTIF YES JURY IN ITEM B P | WEN IN PART THE | STATI |
| | MEDICAL CERTIFICAT | gave rise to immediate to immediate to immediate the state of the stat | which mediote go the lost of t | DUE TO, CO b) DUE TO, CO co 19b COND | OR AS A CONSOR AS | SEQUENCE OF SEQUENCE OF SEQUENCE OF G TO DEATH BUT VHICH OPERATIO H DAY YEAR 19 DEFICE FARM ETC.) | NOT RELATED TO THE TERM IN WAS PERFORMED 216 HOW INJURY OCCUR 216 LOCATION STREET 217 ATTENDING PHYSICIAN 228 ADDRESS 22 18 W EMETERY OR CREMATORY OMAS CEMETERY 250 DAI | AINAL DISEASE OR COM 200 AUTOPSY? YES NO CHIYOR TO THE NATURE OF INJ CHIYOR TO THE NATURE OF INJ MEDICAL STA DIRECTOR PHYS 1233 LOCATION | 20b. IF YES IN CERTIFY YES IN CERTIFON B P date and house AFF ICIAN | COUNTY | STATI |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked on Item 18 shows ony injury, or

BP_

DHMH 16 60M 7/B4

(VRA 15, 4)

07009

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HE GIENE CEDTIEIC ATE OF DEATH

| | 1- | FOR STATE REGISTRAR | | | DEPARTA | | EALTH AND MENTAL HY | | S. NO. | | 4 | |
|----|---------------|---|----------------|------------------|---|-----------|-------------------------------------|--------------------------|---------------------|--------------------------|-----------------|-------------------|
| 24 | 87 | EASED NAME | FIRST | , | MIDDLE | Į, | AST | 20 DATE OF DEAT | H MONTH | DAY | YEAR | 26 HOUR |
| | 1046 | IR PRINT) | Mildre | ed | P. | | Talman | | 10 | 26 8 | 37 | 12:20AM |
| | 3 SEX | (| 4 | RACE | | 5. DATE C | OF BIRTH | 6 AGE (IN YEARS LAS | T BIRTHDAY) | IF INDER | YEAR | IF INDER THRE |
| | | Female | | Whit | e | April | 1 26 1905 | 82 | YF | N1 | PATE | HO IN MIN. |
| - | | RTHPLACE ISTATE OR | FOREIGN 71 | CITIZENOF | WHAT COUNTRY? | 8 | | 9 BALTIMORE CIT | | | ATH | |
| 1 | P | enn. | | USA | | WIDOWE | D NEVER MARRIED D | Mo | ntgam | ery | | MD |
| 7 | 10 ⊂1 | TY OR TOWN OF DE | ATH 1 | | HOSPITAL, NURSIN H FACILITY, GIVE STREET | | OR OTHER INSTITUTION | 12a USUAL OCCUP | PATION DE OF WORKIN | NG LIFE) INDU | CIND O JSTRY | F BUSINESS OR |
| ٥ | USUA | AL RESIDENCE # NUR | SING HOME OR O | THER INSTITUTION | METY GENE GIVE RE HOENCE BEFORE | ral H | ospital | | • | | | |
| 2 | 13a S | Md. | Mon Mon | ť. | 13c STY OR TOW | N | 13d INSIDE CITY LIMITS? YES NO 🗌 | 10921 ADRE | SS / ZIP C | ope Avenue | 0 | 20902 |
| | 14 FA | Howard | MI | S. | Patters | on | Emma FIRST | MIDD | | Nitze | nbê: | rger |
| | 16a W | VAS DECEASED EVER | | ED FORCES? | 166 SOCIAL SECU | | Mary Ann Sun | nan-Friend | 206 | Osceol | a D | rive |
| | | 18 CAUSE OF DEA | TH (Enter anly | one couse per | line for (o), (b), and | | 1. | - 1 | | | | mate interval |
| Ś | - 7 | PART I DEATH V | IMMEDIATE | | Condu | 0 10 | de per afora | July July | | | lus | anestiste. |
| | | Conditions, if any | , which | DUE TO, OI | RASACONSEOU | INCE OF | arlune | | | | ne | worlh |
| | | gave rise to im couse io, stati underlying cous | ng the | DUE TO, OI | RAS A CONSEQUE | NCE OF Z | Rinary Dri | set lufe | exio. | - 4 | 5 8 | 1con |
| | NOI | PART 2 OTHER SIG | hole hole | . 1 79 | Clerosis, | Space | NOT RELATED TO THE TERM | | ONDITION | | | 1 |
| 2 | CERTIFICATION | 190 DATE OF OPERA | TION | 196 CONDI | ITION FOR WHICH | OPERATION | N WAS PERFORMED | 200 AUTOPSY? | IN CE | YES, WERE RTIFYING C. | | |
| | ERT | 21a ACCIDENT WAS UN | DERLYING [7 | 216 TIME O | F INJURY | | 21c HOW INJURY OCCUR | | | | ARI | |
| | | OR CONTRIBUTING | CAUSE OF DEATH | | M. MONTH DA | | | | | | | |
| | MEDICAL | 216 INJURY OCCUR | | P. | | 19 | 211 LOCATION | | | | | |
| | WE | WHILE NO W | HILE DOOR | (AT HOME STR | REET FACTORY OFFICE F | ARM ETC) | STREET | CITY | RIOWN | (00 | NTY | STATE |
| - | | 220 I certify that (I | | Tattended the | e deceased from_ | • | 1952 | | 10/21 | 2 19 8 | 7 | that 1- (we) last |
| | | saw the decear abave, (1) (we) | sed alive on_ | | ofter death. | 3 7, an | d that in (my) (our) opinion | death accurred on th | e dote and | hour and fre | om the | couses stated |
| | | 226 SIGNATURE | 1 | 11 | | | DEGREE | 1 | | 220 | DATE | SIGNED |
| | | | 1 hu | 10 | wells h | 11) | | MEDICAL DIRECTOR PH | STAFF YSICIAN [| | 10 | 1.26/87 |
| | | D/iLEA | / | L HZ | NIESS | | 3801 Inte | Luakion | el E | DRung | 5 | les Spring |
| | | URIAL CREMATION Burial | , REMOVAL | Oct. 29 | 1 1 0 0 7 | | emetery or crematory on Cemetery | 23d LOCATION Drexe | ľ Hill | L,Penn | | STATE |
| | 74 FL | ineral director Hines/Rina | ldi 11 | 800 New | Hamp.Av | e.S.S | .Md. 250 DA | TE REC'D. BY REGISTI | | | | Pardasa. |
| | | | | | | | | 4 1 130 | gan | TO POWER | | |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| I DECEASED | TRAR | | CEN. | IFICATE OF DEATH | REG. N | 0 | |
|---------------------------------|---|---|---|---|---|-----------------------------------|--|
| (TYPE OR PRINT) | NAME FIRST A | ntoinett | VC. | LAST Tamburine | 20 DATE OF DEATH | MONTH DAY Y | EAR 26 HOUR |
| | | VETTE | C. Th | MBURINO | 1 | 0 50 | 7 5 % |
| 3 SEX | FEMALE | 4 RACE | | E OF BIRTH | 6 AGE (IN YEARS LAST BIR | | VEAR IF INCHER 24 H |
| C., | (5) | | ASIAN " | 7 09 05 | 802 | YRS | |
| 70 BIRTHPLAC | CE ATE ON FOREIGN | 76 CITIZEN OF W | VHAT COUNTRY? 8 | RIED NEVER MARRIED | 9 BALTIMORE CITY | _ | тн |
| NEW | YORK CITY | 4-5.1 | WIDO | WED DIVORCED | MONTGO | | |
| WHE | ATO N | RANDO | OSPITAL, NURSING HOM FACILITY, GIVE STREET ADDRESS) OCPH 1716 | US N.H. | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF MOST OF MARK) | OF WORKING LIFET INDU | IND OF BUSINESS OWN HOME |
| USUAL RESID | 13b COUP | | GIVE RESIDENCE BEFORE ADMISSION 130 CITY OR TOWN | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | / ZIP CODE | /20902 |
| 14 FATHERS | | | LAST | 15 MOTHER'S MAIDEN NA | ME | 7.00 | |
| 1 | nthony | WIOOLE | Prozze | Carmell | WIOOFE | Cole | sante |
| 16a WAS DEC | EASED EVER IN US AR | | 166 SOCIAL SECURITY NO | | 107 | 12 Locklar | |
| IVES NO OF | | VE WAR OR DATES! | 120-22-1253 | Elissa O. M | cGuire, Pet | omac, MD | 20854 |
| 18 CAL | JSE OF DEATH (Enter or RT DEATH WAS CAUSE IMMEDIA | nly one couse per l ED BY TE C AUSE (0) | | UASCULAR 11 | SUFFICIA | | PPROXIMATE INTERVAL WEEN ONSET AND DEA |
| PART 2 | OTHER SIGNIFICANT THE OF OPERATION | RLANIE | | UT NOT RELATED TO THE TERM ADLANCE JOHN WAS PERFORMED | NINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO.} \text{NO.} \text{X} | 206 IF YES, WERE IN CERTIFYING CA | INDINGS USED |
| 00.000 | CIDENT WAS UNDERLYING THE STREET | ATH HOUR A.A | A. MONTH DAY YEA | | | | |
| LIF EIT | | | | | | | |
| 9 21d IN. | JURY OCCURRED NOT WHITE A WORK | 21e PLACE C | OF INJURY EET FACTORY OFFICE FARM ETC.) | 211 LOCATION STREET |) I RO Y II) | OUP AWG | NIY STATE |
| 220 1 co | | (AT HOME STRE | decrosed from | | | ate and hour and fro | Thotal (FE) |
| 22a 1 co sob 22b j SK | ertify that IT this hosp w the deceased alive or over Ity well did I did no SNATURE YSICIAN'S NAME TYPE | (AT HOME STRE | decrosed from | ond that in (my) our) opinion DEGREE ATTENDING PHYSICIAN | death occurred on the d | ate and havi and fro | that I was me the causes stated |
| 22a 1 cc soob 27b SIC | ertify that II this hosp w the deceased alive or over Ity we I did I did no ONATURE | (101) oftended the | decrosed from | ond that in (my) our) opinion DEGREE ATTENDING PHYSICIAN 27e ADDRESS | death occurred on the d | ate and hour and tro | that l |
| 22a I co so ob 27b SIC | ertify that IT this hosp w the deceased alive or over Ity well did I did no SNATURE YSICIAN'S NAME TYPE | (AT HOME STRE | declosed from 19 19 19 19 11 11 11 11 11 11 11 11 11 1 | ond that in (my) our) opinion DEGREE ATTENDING PHYSICIAN 77e ADDRESS | MEDICAL STA DIRECTORN PHYSIC | ate and hour and fro | that I Committee causes stated DATE SIGNED STORY THE CAUSES STATE A STORY THE CAUSE STATE THE CAUSE ST |
| 22a l cc so so ob 27b SIC | ertify that I this hosp w the deceased alive or over I have I did I did no SNATURE YSICIAN'S NAME hype of CREMATION, REMOVAL | INT HOME STREET | declosed from 19 19 19 19 11 11 11 11 11 11 11 11 11 1 | ond that in (my) our) opinion DEGREE ATTENDING PHYSICIAN 27e ADDRESS F CEMETERY OR CREMATORY | MEDICAL STA DIRECTORN PHYSIC | ate and hour and fro | Thotal Community of the courses stated DATE SIGNED |

DHMH 16 60M 7/8 (VRA 15, 4)

intoine the W. Reburine Colour House . Colour House SOUDS been distalment from a material Erente of the state 120-22-125% Plines O. McGuire, Potence, ED 20854

> mounts on 16/7/67 to content the state of th .o. , no glesty poor.

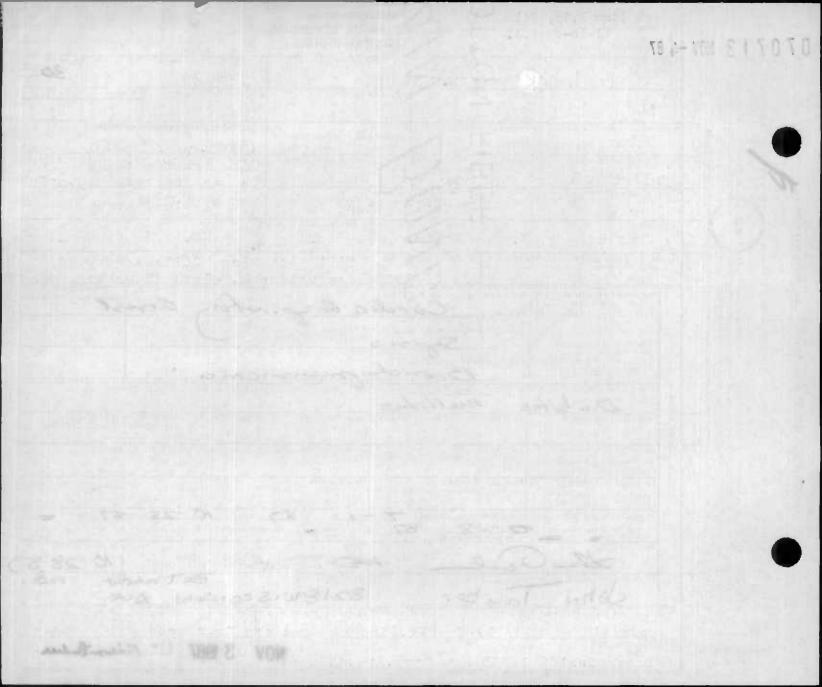
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| | | | nor I may be | 2 0000 | our effer death | |
| (| 1 | 90 | after death. | CHEST COLORS | ed = 196572 b | |
| ABYLAND 2130 | The second secon | V. | ATTENDING PRESIDEN. The law requires that the death services he executed a time 24 hours after death. Fogs 8 may be spined as attending physican. | SCHOOL STREET | Country and a second se | |
| HALTIMOSE M | During I | | cots he executed | Action Control | open Pages 19 | |
| DESCION CT | | | he death zertho | Second Section 19 | emove carbona | The second second second |
| Winn and | | | cequity that | AND DESCRIPTIONS | of Their please | The Part of the Late of the La |
| OF VITAL BEC | | | SCIAN The los g physician. | STATES OF THE PARTY IN | Indimonsis perm | or death by Land and the state of |
| BIVISION | | | ATTENDING PHYSICIAN The I spilel as offending physician. | Will Address oh to | use of the bu | Manufah man aki |
| 8 | | | AT | 1 | 12 | 7 |

| | | | | | Item 1,15, | Film G633 | | E OF MARYLAND | 3 / 3 | 0 15 | d . |
|------|---------------------------------------|--------------|------|---------------|--|--------------------------|----------------------|--|-----------------------------|---------------------------|-------------------------------------|
| 7 0 | 71 | 3 1 | 07 - | 11 3 | STATE 11-10-87 REGISTRAR | I.J. | | IEALTH AND MENTAL HY ICATE OF DEATH | | | |
| 1 0 | 1 1 4 | J 11 | U | I DE | CEASED NAME FIRST | MIDDLE | | IAS1 | REG NO | | 26 HOUR AN |
| | 9e 3 | eo th | | LIYPE | PRINTI Frederic | -BM | · Taulo | 1 | 10/28/87 | | 930/17 |
| | You d | ler d | | 3 SE | | 4 RACE | 5 DATE | | 6 AGE TINYEARS LAST BIR | THDAY) IF MINDER : YEAR | # JNDER LHR |
| | 100 | 0 | | 8: | Male | Chilal | nont 1 | 18 15 | 7.2 | YRS VANDE | HO P MIN |
| | 9 | 2 1 | S | | RTHPLACE (LATE OR FOREIGN | 76 CITIZEN OF WHAT CO | OUNTRY? 8 | D NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF DEATH | |
| | 1 | | 0 | | Mass. | USA | WIDOW | DIVORCED | Montgom | uy County | MD |
| di | 1 | d with | 11 | 10 C | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL | GIVE STREET ADDRESS) | | | Sweller HI FINDUSTRY | |
| V | 100 | 1 | 5 | POSIL | ETHESDA AL RESIDENCE (IF NURSING HOME, OF | SUBULBAN | J HOSP | TALL | Thomas S | omerville | Supply |
| N N | 1 | Pould | 2 | 130 5 | Md. | | verly Be | 13d INSIDE CITY LIMITS? | | land Avenu | le// |
| | 1 4 | | 11 | 14. BA | THER'S NAME Charles | ™IDH . Ta | a y lor | F1 of a | AME MIDPHE_ | Macl | Sho d |
| 8 | - | and of | 1 | / | | | IAL SECURITY NO. | | В. | | |
| 5 | 940 | 400 | 1 | 1 | | /E WAR OR DATES) | | | n Place Co | _ | |
| 2 | 1 1 | 5 9 | 1 | | lone | 1578 | | A Jacqueli | ne A. Clar | | |
| ii . | ficel phys | god, | | | 18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE | D BY | | io Resp. | arten | aryast | XIMATE INTERVAL NONSET AND DEATH |
| 2 | 0 | 900 | 1 | | IMMEDIAI | TE CAUSE (0) | | 0 | | | |
| | 100 | 2 0 | | | Conditions, if ony, which | DUE TO, OR AS A CO | ONSEQUENCE OF | , | | | |
| | 7 7 | | | | gove rise to immediate cause (a), stating the | DUE TO, OR AS A CO | IN TOUENCE OF | | | | |
| | 1 | ol c | | | underlying cause lost | 10 3 | rond | (a) meur | nomia | ^ | |
| 0 | | 10.0 | | z | PART 2 OTHER SIGNIFICANT | 1 | | NOT RELATED TO THE TER | MINAL DISEASE OR CON | DITION GIVEN IN PART 1 | a |
| 8 | 1 | . 9 | _ | AT 10 | 190 DATE OF OPERATION | | MHICH OBERATIO | IN WAS PERFORMED | 20a AUTOPSY? | 20b IF YES, WERE FINDI | INCS USED |
| A W | | De p | 4 | FIC. | THE DATE OF OPERATION | 178 CONDITION TO | WHICH OFERATIO | IN WAS PERI ORMED | | IN CERTIFYING CAUSES | S OF DEATH? |
| | 1000 | 100 | 1 | CERTIFICATION | 710. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | | 21c HOW INJURY OCCU | RRED (ENTER MAT RE OF INJUI | YES DEPART OF PART. | NO [|
| 5 | | 10 | 9 | | OR CONTRIBUTING CAUSE OF DEA | | NTH DAY YEAR | | | | |
| 2 | 100 | 24 | 1 | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJUR | Y | 211 LOCATION | du on to | | |
| A . | 25 1 | A COL | | ٤ | MHILE NOT WHILE AT WORK | (AT HOME STREET FACTOR | Y OFFICE FARM ETC) | STREET | THY OR TO | VINUY TOUNTY | TATE |
| 3 | 1 A | 90 | | | 220 I certify that (I) (this hospi | | | -1 19.5 | | | that it take last |
| _ | 0 0 | 367 | | | sow the deceosed olive on abave, (1) (1,12) (did) (did) o | view the body after dear | 19 <u>87</u> .0 | nd that in (my) (em) opinion | n death accurred on the do | ote and hour and from the | causes stoted |
| | 5 2 2 | Dep | | | 276 SIGNATURE | | | DEGREE | AMEDICAL STATE | | ESIGNED |
| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | o to | - | | 22d PHYSICIAN'S NAME LLYPE O | Jall- | | PHYSICIAN 276 ADDRESS | MEDICAL STAF | IAN D | -28-8 |
| (| 5 a 5 | the S | | | THE PHISICIAN STANKE HITE | To a box | - | 0-10. | Be | Leorda | mo. |
| Ç | 5 5 | with the Sta | + | 23a B | URIAL, CREMATION, REMOVAL | | | EMETERY OR CREMATORY | S CO ISSIN | NOW. | |
| | BP | | | /30 (| SPECIFY) | 10/31/87 | | | CITY OR TOWN | good PG | Md. |
| | | | | 24 FL | Burial INERAL DIRECTOR | 110/31/0/ | FC.L11 | ncoln Cemet | | 251 REGISTRAR & SIGNA | JARE . |
| D | HMH 16 (VRA | | /84 | I | lines/Rinaldi | 11800 Nev | Hamp.A | ve.S.S.Nd. | UV 3 1987 | " dern- | Kondall |



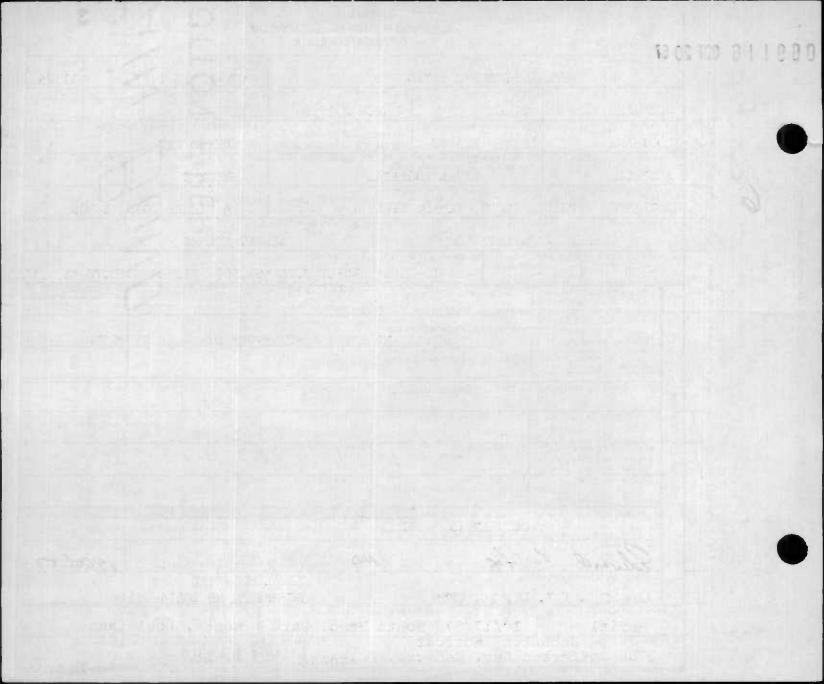
FOR STATE

6

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| C OFT OF GTREGISTRAK | | CERTIFICATE OF DEATH | REG NO | | | | | | | | |
|--|---|--|---|--|--|--|--|--|--|--|--|
| DECEASED NAME FIRST | MIDDLE | LAST | 20 DATE OF DEATH MONTH DAY YEA | Zb HOUR | | | | | | | |
| GRAC | CE ELIZABETH TAYL | OR | OCTOBER 15 1987 | 11:25 A | | | | | | | |
| 3 SEX | 4 RACE | 5 DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) IF INDER | FAR IF NIER JHA | | | | | | | |
| FEMALE | BLACK | MARCH 2 1959 | 28 YRS | AT NOTA MIN. | | | | | | | |
| 70 BIRTHPLACE I LATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVERMARRIED K | 9 BALTIMORE CITY OR COUNTY OF DEATH | Н | | | | | | | |
| LOUISANA | UNITED STATES | WIDOWED DIVORCED | MONTGOMERY | MD. | | | | | | | |
| BETHESDA | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NAVAL HO | IG HOME OR OTHER INSTITUTION ADDRESS) SPITAL | 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) STUDENT | ID OF BUSINESS OR TRY | | | | | | | |
| 130 STATE 136 COL | NOTHER INSTITUTION GIVE RESIDENCE BEFORE NTY ICE GEO'S TEMPLE | | 13e STREET ADDRESS / ZIP CODE 5974 FISHER ROAD 2 | 0748 | | | | | | | |
| HERBERT | SRAEL TAYLOR | FIRST | 15 MOTHER'S MAIDEN NAME AUDREY HOLMES | | | | | | | | |
| 160 WAS DECEASED EVER IN U.S. A | RMED FORCES? 166 SOCIAL SECU | IRITY NO. 17 INFORMANT | ADDRESS | | | | | | | | |
| (IF YES ON NO NO NO NO NO NO NO NO NO NO NO NO | - 434-17- | 9302 AUDREY H.TAY | LOR,5974 FISHER ROAD, | TEMPLE HIL | | | | | | | |
| 18 CAUSE OF DEATH Enter of | nly one cause per line for (a), (b), an | MD 20748 | APF BETW | ROXIMATE INTERVAL EEN ONSET AND DEATH | | | | | | | |
| PART DEATH WAS CAUS | TE CAUSE (a) MYCOSIS | FUNGOIDES | | | | | | | | | |
| or recording | DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| Conditions, if ony, which | | | RATORY DISTRESS SYNDRO | ME | | | | | | | |
| gove rise to immediate | | | | | | | | | | | |
| underlying cause lost | DUE TO, OR AS A CONSEQUE | ENCE OF | | | | | | | | | |
| 0 0 0 0 | CONDITIONS CONTRIBUTING TO I | DEATH BUT NOT RELATED TO THE TERM | AINAL DISEASE OR CONDITION GIVEN IN PAR | Ila | | | | | | | |
| | | | | | | | | | | | |
| Cofe has a control of the control of | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSYD 200 IF YES, WERE FIN IN CERTIFYING CAU YES X NO YES X | | | | | | | | |
| 210 ACCIDENT WAS UNDERLYING | | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM IS PART -) PART | | | | | | | | |
| OR CONTRIBUTING CAUSE OF DE | A111 | 19 | | | | | | | | | |
| THE EITHER NOTHY MEDICAL EXAMIN | 21e PLACE OF INJURY | 211 LOCATION | ETTY OR 10WN | STATE | | | | | | | |
| WHILE OF AL WORK AL WORK | (AT HOME STREET FACTORY OFFICE F | ARM ETC) STREET | TITY OR TOWN | STATE | | | | | | | |
| | outal attended the deceased from | SEPTEMBER 28, 19 87 | to OCTOBER 15 19.87 | that {we last | | | | | | | |
| Sow the deceased plive o | OCTOBER 15 19 | 87 , and that in (my) (our) opinion | death occurred on the date and hour and from | | | | | | | | |
| above, (1) (we) (did (did r | ot view the body after death | DEGREE | | ATE SIGNED | | | | | | | |
| # D 0 0 = | 6 10 | ALA ATTENDING | MEDICAL STAFF | -1-4-20 | | | | | | | |
| ZZZ PHYSICIAN'S NAME (TYPE | TX | PHTSICIAN [| DIRECTOR PHYSICIAN | 001-11 | | | | | | | |
| Z Z O O E W | | MAVA | L HOSPITAL | | | | | | | | |
| | LT, MC, USNR | | ESDA, MD 20814-5011 | | | | | | | | |
| 230 BURIAL CREMATION PEMOVA | | NAME OF CEMETERY OR CREMATORY | 23d LOCATION | STATE | | | | | | | |
| Burial | | ontz Memo. Park | Montz, Louisiar | na | | | | | | | |
| 24 FUNERAL DIRECTOR ROD | ottom Mortuar | Y 250 DA | TEREC D. BY REGISTRAR 256 REGISTRAR'S SIG | NATURE | | | | | | | |
| vra 15, 4) 2700 Jeffer | son Hwy. Reser | ve, LA.70084 | 1 1 9 1987 Julia Minis | | | | | | | | |



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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DEG NO

| | G7 | REGISTRAR | | | 4411111 | | | REG NO | | | | | |
|----|---------------|--|---|-----------------------|------------------|-------------------|--------------------|--------------------------|-----------------|---------------------------|--------------|----------|--|
| 4 | | OR PRINTS | | MIDDLE | 1 | AST | | 20 DATE OF DEATH | MONTH | DAY YEAR | 26 HOU | IR | |
| | | RUTI | - Im | ogene | 7 | AYLC | 2 | | 10 | 6 87 | 181 | A M | |
| | 3. SEX | (| 4 RACE | | 5 DATE C | F BIRTH | VI.10 | 6 AGE (IN YEARS LAST BIR | | MONTHE DATA | | | |
| | | Female | White | | may | 5 | 1 9 04 | 83 | YRS | MOINTING DAY | AUGK, | Miles | |
| 2 | 70 BIF | RTHPLACE (STATE OR FOREIGN | 16 CITIZEN OF | WHAT COUNTRY | ? 8 | D NEVER MAR | DIED T | 9 BALTIMORE CITY O | R COUNTY | OF DEATH | | | |
| 3 | | Oklahoma | USA | | WIDOWE | DIX DIVOR | CED 🗌 | Montgomery | | | | | |
| - | 10 CI | TY OR TOWN OF DEATH | HOSPITAL, NURSI H FACILITY, GIVE STREE | | OR OTHER INSTITU | TION | 120 USUAL OCCUPATE | | | OF BUSINE | SSOR | | |
| 2: | | Rockville | Grove H | | .1 | | Homemaker | | | Home | | | |
| | USUA 13a S | AL RESIDENCE (IF NURSING HOME OF TATE 136 COUN | | 13c. CITY OR TO | | 13d. INSIDE CITY | LIMITS? | 13e STREET ADDRESS | ZIP CODE | | | | |
|) | | | gomery | Olney | | | | 19109 Bloc | mfiel | d Road | 2083 | 2 | |
| A | 14 FA | THER'S NAME | MIDDLE | LAST | | 15 MOTHER'S MA | | VE WIDDIE | | 1.4 | ST | | |
| 1 | Da | vid | | Diehl | | Imogen | е | | | Wetm | | | |
| - | | AS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SEC | URITY NO. | 17 INFORMANT | | ADDRE | SS | | | | |
| L | | no | - WAR ON DAILS) | 515-38- | 9044 | Jerry | Wheel | er Olney, | Maryl | and | nd | | |
| | | 18 CAUSE OF DEATH (Enter or | ly one couse per | line for (a), (b), o | and (CIII) | | | 1 2 | | APPRO BETWEEN | XIMATE INTER | DEATH | |
| | | PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Occide responsations forling | | | | | | | | | | | |
| | | | DUE TO O | R AS A CONSEQU | IENCE OF | 0 | - | 0,0 | - | | | | |
| | | Conditions, if any, which | (,b) | FURSE | D W | waco | dia | noslar le | - lies | W | | | |
| | | gave rise to immediate | 3 | | THE OF | 2 | | 0 | | | | | |
| | | underlying couse lost | DUE TO, OI | r as a consequ | UENCE OF | | | | | | | | |
| | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | | | | | | | | | | | |
| | CERTIFICATION | Carren | Emp | 200 | ette | rus | | | | | | | |
| 9 | CAT | 190 DATE OF OPERATION | 196 CONDI | TION FOR WHIC | H OPERATIO | N WAS PERFORME | ED | 20a AUTOPSY? | 206 IF YES | , WERE FIND YING CAUSE | NGS USED |) | |
| | TIF | | | | | | | YES NO | August 1 | S [| NO [| | |
| 7 | | 210 ACCIDENT WAS UNDERLYING | | FINJURY M. MONTH [| DAY YEAR | 21c HOW INJUR | Y OCCURRE | D (ENTER NATURE OF INJUR | EY IN ITEM 18 P | ART OR PART 2) | | | |
| | MEDICAL | OR CONTRIBUTING CAUSE OF DEA | AID | | 19 | | | | | | | | |
| | ĕ | 21d INJURY OCCURRED | 21e PLACE | | | | | CITY OR TO | WN | COUNTY | 100 | TATE | |
| | Σ | AT WORK AT WORK | (ATHOME STR | EET FACTORY OFFICE | FARM ETC) | SINCET | | (117 0 10 | | | | | |
| | | 22a.1 certify that this hospi | tal) attended the | deceased from | | , 1 | 9860 | _, to | 16 | 19 87 | that () | we) last | |
| | | saw the deceased alive on above, (D)we) (did) (did) and | 10 | 19_ | 87.01 | d that in my (our | r) opinion di | eath occurred on the do | ate and hou | and from the | couses sto | ited | |
| | | 22h Montan ME | Diview the body | offer death. | | DEGREE | | | | 22c DATI | SIGNED | | |
| | | 18620 X | ma all | (l) | M | ATTE | NDING A | DIRECTOR PHYSIC | F | 101 | 8/2 | 7 | |
| Ť | | WE THY SELLIN'S NAME (TYPE OR PRINT) | | | | 22e ADDRESS | SICIAIN LY | | | 101 | 010 | 0-72-0 | |
| | | JOHN G. | 1050 | MELL | | 29010 | 5111 | 4 Chest | 20 P | Elve | 200 | 22 25 | |
| | | URIAL, CREMATION, REMOVAL | 236 DATE | 230 | NAME OF C | EMETERY OR CREA | MATORY | 23d LOCATION | 1 -34 | 5 ac 1100 | 1 | | |
| | (5 | Burial | Octobe | | | Cemetery | | INDEPENDEN | CE MAN | COUNTY | | TATE | |
| | 24 FU | INERAL DIRECTOR | 198 | 37 | | | 250 PA 18 | | 256 REGIST | | THE STATE OF | | |
| | Ba | rber Funeral H | ome. Lay | tonsvil | le. Md | 20879 | 00 | 1 0 3 130/ | J | | | | |
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DHMH 16 60M 7/B4 (VRA 15, 4)

The Act of the Atlanta Control of the Atlanta

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DHMH 16 60M 7/B

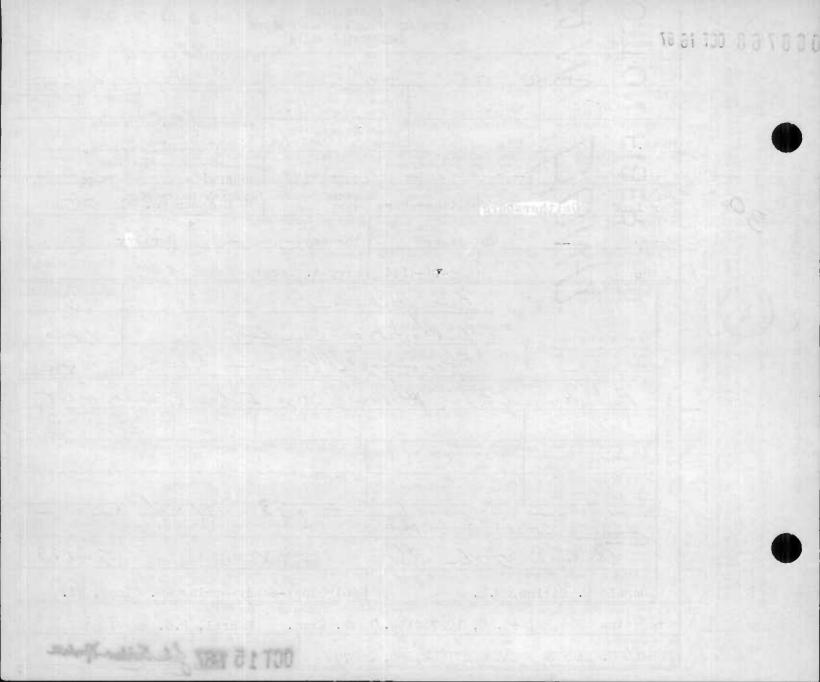
(VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumotic event, the

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STATE OF MARYLAND

| d7 ST | OR TATE EGISTRAR | | | DEPARTA | | EALTH AND A | | | 6 NO. | , 3 | 27 | |
|----------------------|--|--------------|---------------------------------------|-------------------------------------|------------------|-----------------------|-------------|------------------------------------|-------------------|-------------------------------------|------------|---------------------------------|
| 1 DECEA | SED NAME | FIRST | | MIDDLE | ī | AST | | 20 DATE OF DEA | TH MONTH | DAY YE | EAR | 26 HOUR |
| 3 SEX | PRINT) | Dor | 4 RACE | R | Ter S. DATE C | | | 6 AGE LIN YEARS I | 10 | 8 8 | 7. YEAR | 11:42p |
| JUNE | femal | е | white | е | MONTH 0.1 | H DAY | YEAR 1918 | | | MONTHS . | DAY | HOURS MIN. |
| Mass | | FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | MARRIE | D NEVER A | AARRIED | 9 BALTIMORE C | | | | 440 |
| 10 CITY | OR TOWN OF DEA | ATH | 11. NAME OF | HOSPITAL, NURSIN | IG HOME C | OR OTHER INST | ITUTION | 120 USUAL OCC (TYPE OF WORK FOR | NOST OF WORKING | 12b KI | IND OF | BUSINESS OR |
| | Lney RESIDENCE (IF NURS | ING HOME OR | | OMERY GE | | I HOS | oital | Housewi | fe · | H | ome | |
| Mary | rland | 136 COUN | | Gaithers | N | 13d INSIDE C | | 889 Clop | per Rd. | A2 | 20 | 878 |
| 14 FATHE | ER'S NAME FIRST | | MIDDLE | LAST | | | MAIDEN NAM | | DIE | | LAST | |
| Harr | | | | ittaker | | Theres | 40-0 | | | ley | | |
| | DECEASED EVER | | MED FORCES? E WAR OR DATES) | 166 SOCIAL SECU | | 17 INFORMA | | | DDRESS | | | |
| n | no 029-91-4144 Harry A. Teras same as #13 | | | | | | | | | | | |
| 18 | PART I. DEATH W | 'AS CAUSE | ly one couse per DBY ECAUSE (a) | Live | tent | 2 | | | | BETY | PPROXIN | NATE INTERVAL NSET AND DEATH |
| 9 | Conditions, if any, which gove rise to immediate cause (a) stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF Conclusion of the condense of the cause of the ca | | | | | | | | | 4 | 4 | mo yrs |
| | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF RELIEF STEEL TO BE | | | | | | | condition cost Ca | GIVEN IN PA | RT 18 | GH | |
| CERTIFICATION 180 | DATE OF OPERA | TION | 19b COND | ITION FOR WHICH | OPERATIO | N WAS PERFO | RMED | 20a AUTOPSY YES NO | IN CER | YES, WERE F TIFYING CA YES [] | | |
| | B ACCIDENT WAS UNIT R CONTRIBUTING (1) | CAUSE OF DEA | TH HOUR A | DEINJURY .M. MONTH DA .M. | AY YEAR | 71c HOW IN | JURY OCCURR | RED (ENTER NATURE O | DE INJURY IN ITEM | 8 PART I ORPAI | R1 2) | |
| <u> </u> | MILE NOT WE AT WO | HILE T | | OF INJURY REET, PACTORY OFFICE F | ARM ETC) | 211 LOCATIO STREET | N | CIT | ORTOWN | COUN | .1Y | MATE |
| | 270 I certify this hospitals attended the deceased from 19 1, and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated to (indi) (defined) view the body after death. | | | | | | | | | | | |
| | The SIGNATURE DELLE NO DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN | | | | | | | | | 9 | DATES | IGNED 187 |
| | PHYSICIAN'S NA | | | | | 22e ADDRES | | | | | | |
| I | Donald E. | Dill | on, M.I |). | | 2901 0 | lney-Sa | andy Spri | ng Rd. | Olney | , M | d. |
| | nat, CREMATION, | REMOVAL | |), 1987Ba | | Mash. C | | Laurel, | WN | Maryla | nd | STATE |
| | RAL DIRECTOR | | | 10000 | | | 25a DATI | | TRAR 256 REG | ISTRAR'S SIC | GNATU | |
| MURI | IÊL H. BA | RBER | LAYTO | NSVILLE, | MD. 2 | 20879 | OCT | 1.5 4007 | Suliar | Sundan- | -Pan | delle |



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR, After this certificate has been us

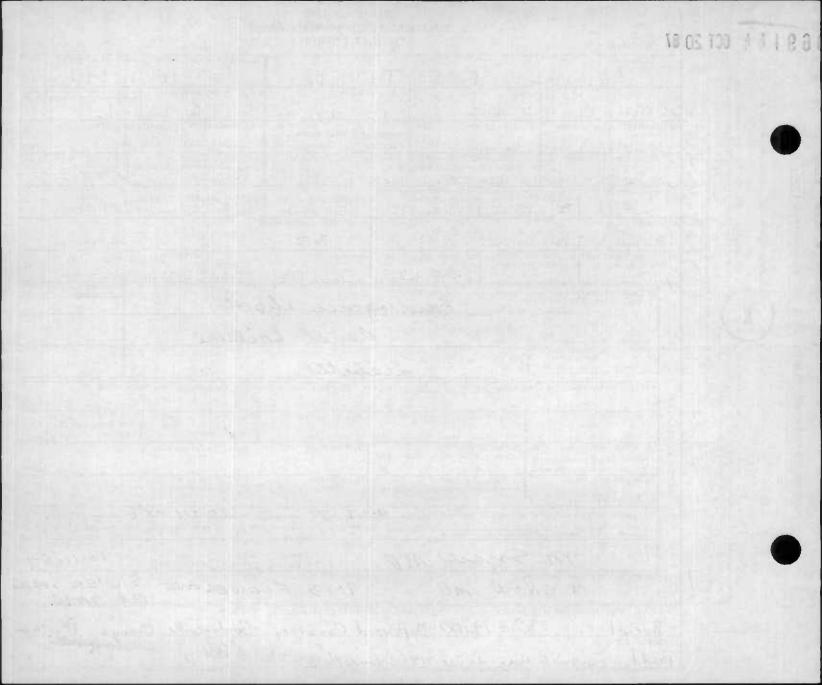
BP_____ DHMH 16 (VRA

69144 OCT 20 87 - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO

| | | | EASED NAME | FIRST | A | MIDDLE | i. | AST | 20 DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR |
|--|----|----------------|---|--------------|-------------------------------------|------------------------|-------------|-------------------------------|------------------------------|--------------|--------------|-------------------|
| eoth | | TYPE | RES. | VAL: | A | FRANKLIN | TH | ACILER | | 10 11 | 87 | 6: HOAM |
| er deot | | 3 SE) | | | 4 RACE | | 5 DATE C | OF BIRTH | 6. AGE (IN YEARS LAST BIR | THDAY] IF | INDER I YEAR | IF I NOFR , 4 HRS |
| s oft | , | 1 | MALE | | Caucasi | an | MONTH | | 72 | YRS. | DA15 | HOURS MIN |
| Po de | 11 | | OUNTRY) | DREIGN | 16 CITIZEN OF | WHAT COUNTRY? | R | NEVER MARRIED | 9 BALTIMORE CITY O | | DEATH | |
| and 22 | 7 | | rginia | | U.S.A | | WIDOWE | | Montgomer | cy Count | cy | MD |
| w te to | 71 | 10 CI | TY OR TOWN OF DEA | TH | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 120 USUAL OCCUPATI | ON ON | 126 KIND C | OF BUSINESS OR |
| by the | | Ta | koma Park | | | | | Hospital | Painter | . (| Constr | suction |
| pe pe | 21 | USUA 13a, S | L RESIDENCE (# NURSITATE | NG HOME OR | OTHER INSTITUTION | | ADMISSION) | 13d INSIDE CITY LIMITS? | 130 STREET ADDRESS | ZIP CODE | | |
| tille Mould | 19 | Ma | ryland | | | Hyattes | | YES NO XX | 2119 Chapn | nan Rd. | 20783 | 3 |
| 2 2 Z | | 1 | THER'S NAME | | WIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | ME | | 145 | VI. |
| ono | 2/ | E | urton Adol | phus | Thacker | | | Esma | | Drummond | | |
| dicol | 1 | | AS DECEASED EVER I | | MED FORCES? 166 SOCIAL SECURITY NO. | | | 17 INFORMANT ADDRESS 9 C | | | hapman Rd. | |
| S. Po | de | | NO | | 228-01-2 | 2935 | Betty Croft | Thacker Hy | attesv: | ville, Md. | | |
| NI | | | 18 CAUSE OF DEATH | Enter on | ly one cause per | line fai (a), (b), and | d (c | / | B | | BETWEEN | ONSET AND DEATH |
| 400 | | | | | E CAUSE (a) | car | dios | gence she Renal be | our | | | |
| | | | | | DUE TO, OI | R AS A CONSEQUE | ENCE OF | 2 -11 | -0 0 | | | |
| o o o o o o o o o o o o o o o o o o o | | | Canditions, if any, gave rise to imm | | (b) | | / | renal or | alure | | | |
| 2555 | | | cause (a), stating | the . | DUE TO, OF | r as a conseque | NCE OF | c1 4 | | | | |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | underlying cause | last | ((c) | | dia | bells | | | | |
| d both | | z | PART 2 OTHER SIGN | IFICANT C | CONDITIONS CO | ONTRIBUTING TO E | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN | IN PART 1 | a |
| 1.05 | _ | TIO | 19n DATE OF OPERAT | 1011 | 101 COND | TION FOR MALICIA | ODEDATIO | ALLWAS DEBEODATED | 200 AUTOPSY? | Noc uses | | |
| 5835/ | | FICA | 190 DATE OF OPERAT | ION | 196 CONDITION FOR WHICH OPERATION | | | N WAS PERFORMED | IN CERTIFYING CAUSES OF DEAT | | | |
| 1112 | _ | CERTIFICATION | 21a ACCIDENT WAS UNDI | ERLYING [| 21b TIME O | F IN IURY | | 21c HOW INJURY OCCURI | YES NO | YES [| V8 0 4 D1 | NO 🗍 |
| 121 7 | 1 | | OR CONTRIBUTING _ C | AUSE OF DE A | TH HOUR A. | M. MONTH DA | | The troop is soon occom | (EMILE ANT ME OF IMAIN | THE BEAR | OR PART 1 | |
| Ne De | / | MEDICAL | 116 EITHER NOTIFY MEDIC | | 21e PLACE (| | 19 | 211 LOCATION | | | | |
| 1118 | | ME | WHILE NOT WHE | LE 🗍 | | EET, FACTORY OFFICE F | ARM ETC) | STREET | ITY OF TO | WN | COUNTY | STATE |
| A Party of the Par | | | 22a 1 certify that (I) | | tal) attended the | a deceased from | a. | 27 - 5719 | 10_10 -1 | 1-8% | | that (we) last |
| BELL | | | saw the decease | d alive an | | 19 | | nd that in (my) (aur) apinion | | _ | | |
| 2215 | | | abave, (I) (we) (di 22b SIGNATURE | id) (did na | | | | DEGREE | | | 22c DATE | |
| D 20 = | | | | m | Sm | ou n | 10 | ATTENDING PHYSICIAN | MEDICAL STAI | | 10. | .11.87 |
| B 23 5- | 1 | | 22d PHYSICIAN'S NA | ME (TYPE O | | ,, | | 1220 ADDRESS | | | | |
| 2118 | | | Λ | 1 5 | NOW | MO | | 9013 F | OWERAL | | | R SPRINE |
| P = 1 3- | | 23a B | URIAL, CREMATION, F | REMOVAL | 23b. DATE | 23c N | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | m a | 2.71 | 040/ |
| | | (| Bar.al | | Oct. 1 | 4.1987 M | ple wo | d Constery | Gordonsul | 10 On | DUNE) | Virginia |
| 16 60M 7/8 | | | INERAL DIRECTOR | | 100.77 | 17/1-1/16 | -pre woe | 250 DAT | E REC D BY REGIST AN | THE RESISTEM | ner-Pe | egie II.a |
| RA 15, 4) | 4 | P | edda Fur | eral | Horse | P.O. BOX 714 | Gord | | 1 4 1981 | | | * |
| | - | | | | | | | | | | | |



in by the funeral director page 3 pe filed within 72 hours offer death

| | | FOR |
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| 1 | - | STATE |
| | | DECHETDAD |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 3 | 173 | 1 | 9 | |
|---|-----|---|---|---|
| 3 | J | 1 | j | 1 |
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| _ | , | REGISTRAR | | | | REG. NO | | | | | | | | |
|---|---------------|---|---|---|--|-----------------|---|--|---|----------|----------|----------------------|-------------------------------------|----------|
| 8 | | EASED NAME | FIRST | A | AIDDLE | į. | AST | | 20 DATE OF | | | DAT YEAR | 26 HOUR | |
| | (TYPE | OR PRINT) | Vir | gie | V. | Thomas | | | Oct. | 6. | 1987 | 7 | 2:15 | P |
| | 3 SEX | (| | 4 RACE | | 5 DATE C | | | 6 AGE (IN YE | | | IF UNDER 1 YEAR | | |
| | | Female | | Black | ς | Apr | . 15, | 1917 | 70 | | YRS | MOST, HE BYL | HOHRS | MIN |
| 5 | | RTHPLACE (MILITE OR F | OREIGN | 76 CITIZEN OF | F WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED | | | | | | OR COUNT | Y OF DEATH | | MD |
| 1 | | ty or town of DEA ethesda | ТН | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION UE NOT IN SUCH EACHITY GIVE STREET ADDRESS! SUBURBAN HOSPITAL | | | | | 12a USUAL C | CCUPAT | ION | 126 KIND INDUSTRY | OF BUSINES | |
| S | USUA 13a S | | 13b COUI Mon | VIY | 134 INSIDE CITY LIMITS? 134 INSIDE CITY LIMITS? ROCKVIILE YES NO | | | | 13e STREET ADDRESS / ZIP CODE 20850 708 Lenmore Ave, Apt. D1 | | | | | |
| / | 14. FA | THER'S NAME FIRST | ames | ^M Brunne | er | | 15 MOTHER'S | | ME Nicho | lsoi | n | U | AST | |
| 1 | | VAS DECEASED EVER (ES. NO OR UNKNOWN) NO | | MED FORCES? /E WAR OR DATES) | 166 SOCIAL SE 213-16 | | 17 INFORMAN | | ummer | (Da | | er) s | ame a | 1 |
| 2 | CERTIFICATION | Conditions, if ony, gove rise to imm couse o statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT | nediote g the lost | | RAJA CONSEQUENCE OF LAW CONDITION FOR WHICH OPERATION WAS PERFORMED | | | O THE TERM | | | | | | 12 |
| / | MEDICAL CERT | 210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTHY MEDIX 11d INJURY OCCURE WHILE NOTHY AT WORK AT WORK Sow the decease obove, (1) (we) (d 22b. SIGNATURE | AUSE OF DE EAL EXAMINE RED (this hasp ed alive ar | P.J. PLACE (AT HOME STR | M MONTH M. OF INJURY REET FACTORY OFFICE deceased from | 19 TE FARM ETC) | 21f LOCATION SIREET 227 and that in (my) (DEGREE AT PI 22e ADDRESS | . 19 January 19 Januar | | an the c | OWN | | that (I (we e causes state E SIGNED | e) last |
| | | URIAL CREMATION, SPECIFY) Buri | | 7h DATE 10-13- | -87 Z | NAME OF C | EMETERY OR CI | REMATORY | 23d LOCA | TION | ngtor | ı, VA | 08 5 Z | LTE |
| | | INERAL DIRECTOR GEORGE R | . Sn | owden | - | | MD 208 | 25 0 PAT | | | - | THAR SSIGNA | Kalder | L |

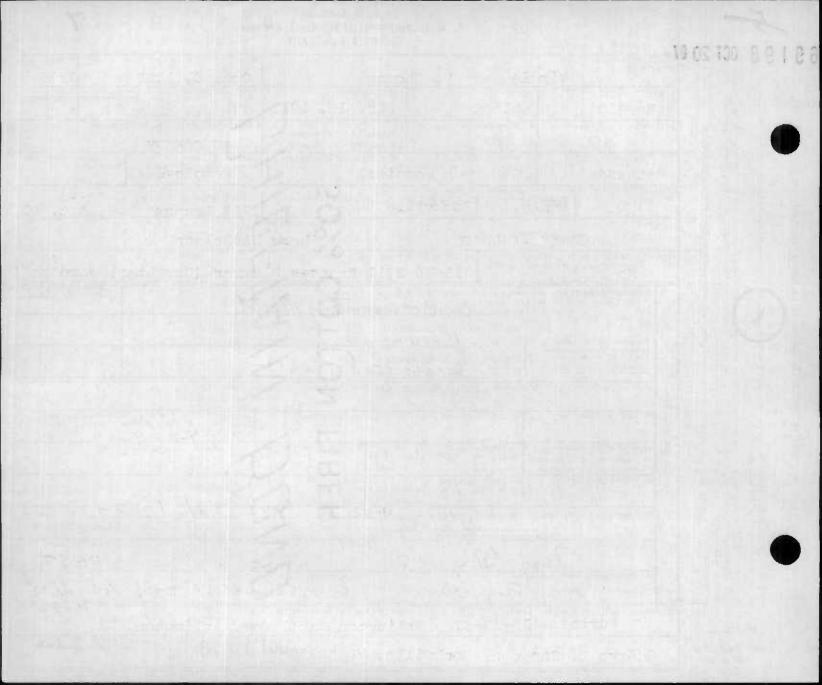
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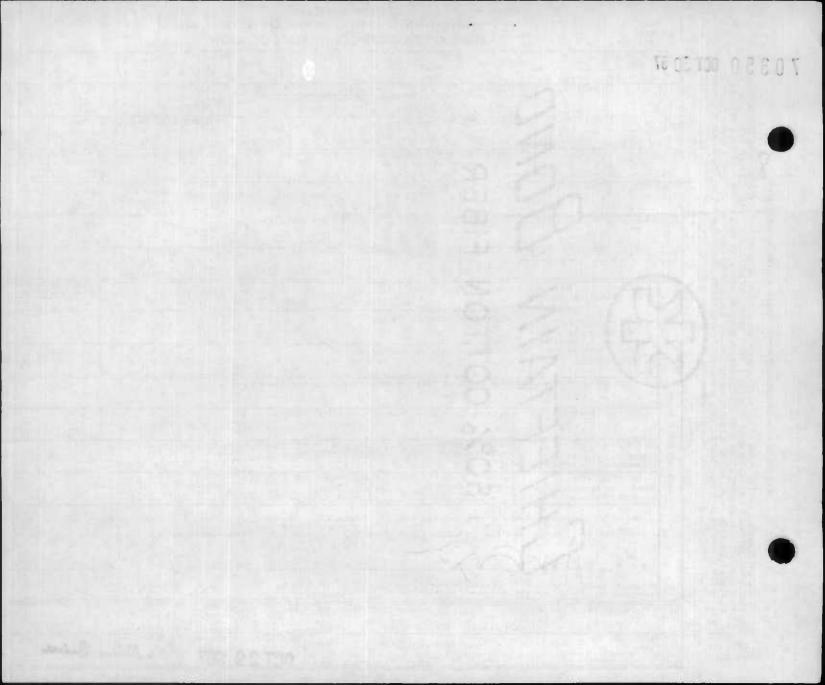
TO FUNERAL DIRECTOR. After this certificate has been signed by the atternion or should be detached for use as the burial-transit permit. Then please remove carbon poppers, with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT If them 21 is morked on them 18 shows

24 FUNERAL DIRECTOR



| | | | FOR | | . D | | | AND MENTAL H | YGIENE 3 0 | 3 6 |
|--------------------------------|---|---------------|--|--|--|---|-------------------|---|--|---|
| | | 1 | STATE REGISTRAR | | MED | ICAL EXAMI | NER'S | ERTIFICATE O | F DEATH REG NO | |
| 703 | 5 0 get 3 | 08 | PRINT) | LEO | | P. | T | DUMA | OF ESTI DEATH MATED | 10 21 19 87 |
| | RY PLEASE DIRECTOR OUR FILES 72 HOURS N STREET | 3 SEX | | CASIAN | MAR 11, | YEAR LAST BIRTH | | DER 1 YR IF UNDER | 24 HRS 74 DATE PRONOUNCED DEAD | 10 21 19 87 6:51 |
| | ERAL DI PR YOU 72 | 7a BI | RTHPLACE (STATE OR REIGN COUNTRY) | CADIAN | 76 CITIZEN OF WHA | | 1113 | ED NEVER MARRI | | |
| | AY IS NECESSAR THE FUNERAL I AGE 5 FOR YO FILED. 20 W FET | | EW YORK TY OR TOWN OF DE | ATH | USA II NAME OF HOSP | ITAL, NURSING HOM | WIDOW | ED DIVORC | ED Montgomery 128 USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE) | |
| X | ANY DELAY IS N AND 3 TO THE FU RETAIN PAGE 5 OULD BE FILED. ECORDS. 201 W | Si | lver Sprin | IRSING HOME OR | front of | 733 Sligo | Ave. | | CLERICAL | HECHT CO. |
| 212 | A ZEOS | 13a S MA | ARYLAND | 113b COUNT | GOMERY | SILVER SP | | YES NO | 612 GIST AVENUE | 20910 |
| BALTIMORE, MD. | S'AFTER DEATH. IF GIVE PAGES 1, 2, A TH FORMEN 3, I PAGES I AND 2-8, I VISION OF WITALR VISION OF WITALR | | JOSEPH | | P. | TOUMA | | NAZIRA | MIDDLE | ASWAD |
| ALTIMO | JRS AFTER 3. GIVE PA WITH FOR WITH FOR DIVISION | 16a V | vas deceased ever es no. or unknown) NO | IN U.S. ARM | | 579-52-03 | | NAZIRA TO | UMA/MOTHER/SAME | AS 13 |
| W. PRESTON ST., | D WITHIN 24 HOUR: PENCIL IN ITEM 18. WINES ALONG WTRANSIT PERMIT. ENTAL HYGIENE, DI OR REMOVAL. | 7 | Conditions, if gove rise to couse (a) stating lying couse last | MMEDIATE IMMEDIATE ony, which immediate g the under- | CAUSE (a) CY DUE TO, OR A (b) DUE TO, OR A | canio-cere | E OF | injuries | RT I a | APPROXIMATE INTERVAL BETWEN ONSET AND DEATH |
| DIVISION OF VITAL RECORDS, 201 | SHOULD BE E ORD "PENDIN CHIEF MEDIC CHIEF MEDIC SE USED AS A IT OF HEALTH SURIAL, CREW | CERTIFICATION | 19a DATE OF OPER | | 14.10 | on for which ope | | | | 20 AUTOPSY? YES & NO □ |
| IVISION OF | CERTIFICATE ITING THE WODED TO THE 3 SHOULD B DEPARTMEN 1 PRIOR TO B | MEDICAL CE | 21d INJURY OCCUR | OR CAUSE OF DI RED | FATH 6:45XX | MONTH DAY YEAR 10-21- 19 FINJURY (ATHOME- | 87 Pe | destrian st | D (ENTER NATURE OF INJURY IN ITEM 18 PAR TRUCK by auto. | |
| | TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMEDIATED THE CHIEF MEDICAL EXAMEDIATED THE CHIEF MEDICAL EXAMETER DEATH, UNITED THE DESTRUCTOR. PAGE 3 SHOULD BE USED AS A BURRAL AFTER DEATH, THE STATE DEPARTMENT OF HEALTH AND MISALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, | | AT WORK AT V | Notura Ann | of the remains described as a second of the rema | Accident S | Autop SuicideM | Momicide Inspection Homicide Inspection TITUE (SPECIFY) Deputy Conditions Address 111 | e., Silver Spring Inquiry and in Undetermined manner Dief MEDICAL EXAMINER Penn St., Balto. | DATE SIGNED 10-21-87 , MD 21201 |
| 07 84 25M | BP | 13 | BURI UNERAL DIRECTOR | AL O | CT24,1987 | MT. OLI | | EMETERY | WASHINGTON, D. | C. |
| | DHMH 17 (VR A15 ME (5)) | | 00 UNIVERS | | IS J. COLI | | , MD 2 | | | Tunder Rendals |



page 3

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| Ĭ | REG NO | | | | |
|---|--------------------------------|---------|--------|----------|-------|
| | 20 DATE OF DEATH MONTH | BAT S | 37 | 26 HOU | P. am |
| | 6 AGE (IN YEARS LAST BIRTHDAY) | IF INDE | RIYEAR | IF UNDER | DINE |
| | 87 YRS | MONTHS | BATT | HOURS | MIN |
|) | 9 BALTIMORE CITY OR COUNT | Y OF DE | ATH | | |
|] | MONTGOMERY | COL | INT | 4 | MD |
| | 12n USUAL OCCUPATION | | | F BUSINE | SSOR |

| TYPE OR PRINT! | NEIDIL | C. TOU | RNEUR | 10. | 3.87 ORe |
|---|--|--|-------------------------|---|---|
| 3 SEX | 4 RACE | | OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF INDER I YEAR IF UNDER DAHR |
| MALE | WHO | TE JAN. | 27 1900 | 87 YRS | MONTHS BAYS HOURS MIN |
| TO BIRTHPLACE ATE OF FORE | IGN 76 CITIZEN OF | WHAT COUNTRY? 8 MARRIEI | NEVER MARRIED | 9 BALTIMORE CITY OR COUN | ITY OF DEATH |
| FRANCE | us | A WIDOWE | D DIVORCED | MONTGOMERU | COUNTY N |
| 10 CITY OR TOWN OF DEATH | | HOSPITAL, NURSING HOME C H FACILITY, GIVE STREET ADDRESS) | OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING | 126 KIND OF BUSINESS O |
| ROCKUILLE | COLLING | GSWOOD NURSIN | IG CONTER | FOREMAN | MACHINE TOOL |
| USUAL RESIDENCE (IF NORSING 130 STATE 131 | | 134 CITY OR TOWN | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CO | 8 / - |
| | MONTGOMBRY | ROCKUILLE | YES 🔀 NO | 882 COLLEGE | PARKWAY 204/20 |
| 14 FATHER'S NAME | MIDDLE | LAST | 15 MOTHER'S MAIDEN NA | ME | 1 |
| EUGENE | MIDDLE | TOURNEUR | JUSTINE | | Ruse |
| 160 WAS DECEASED EVER IN | U.S. ARMED FORCES? | 166 SOCIAL SECURITY NO. | 17 INFORMANT | | 008 AMY LANE |
| LYES NO OR UNKNOWN) (1 | NONE | 477-44-0491A | MONIQUE HAF | REY (DAUGHTER) B | ETHESDA, MD. 20 |
| 18 CAUSE OF DEATH | Enter only one couse per CAUSED BY MEDIATE CAUSE (o) | ERV ADVANC | ien CH+ | | SUB Alak |
| Conditions, if ony, w | hich (b)_ | A SUBNICO | LAZO CARDI | EM STOPPOTS | 6 Chem |

DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o CERTIFICATION

210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 214 PLACE OF INJURY

MIDDLE

YES 🗍 NOX YES [NO [2 LE HOW INJURY OCCURRED (ENTER NATI RE OF INJURY IN ITEM 18 PART OR PART . TH LOCATION CITY OF TOWN 118887

200 AUTOPSY?

NOT WHILE spe the deceased alive or above, it is were disk ided to 27k SIGNATER DEGREE

and that in (my) our i opinion death occurred on the date and hour and from the causes stated

ATTENDING DIRECTOR PHYSICIAN 22e ADDRESS

230 BURIAL, CREMATION, REMOVAL CREMATION 24 FUNERAL DIRECTOR

190 DATE OF OPERATION

MEDICAL

- STATE

REGISTRAR ES ED NAME

23B DATE

23¢ NAME OF CEMETERY OR CREMATORY

206 IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

DHMH 16 60M 7 84 (VRA 15, 4)

BP.

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196 CONDITION FOR WHICH OPERATION WAS PERFORMED

AT HOME STREET, FACTORS OFFICE FARM, ETC.)

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| The War Stand State of the | en 23 month. | | |
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| | | J. Supple | |
| 1 month 100 to 60 | 100 on final | series in Sing. | |

STATE OF MARYLAND 070025 00128 DEPARTMENT OF HEALTH AND MENTACHYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN X ESTI-DEATH MATED John Trout 10-22-987 Harry A AGE (IN YEARS IF UNDER 1 YR 2d HOUR 20 DATE 34 VRS PRONOUNCED 12:20 A Oct.16,1953 White Male TO BIRTHPLACE MATEOR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland IISA DIVORCED Montgomery County 18-CITY OR TOWN OF DEATH 170 USUAL OCCUPATION TYPE OF WORK 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Rockville Shady Grove Adventist Hospital Manager-Meat Market 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 1136 COUNTY 13c CITY OR TOWN Michael Rd. Carroll Mt.Airy 3013 Maryland YES NOX 4 FATHER'S NAME Clayton Trout Mary Harr Anne 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. LYES, NO. OR UNKNOWN) 272-66-8021 Vicki Lynn Trout, Item 13 L EXAMINER ALONG WIREL TRANSIT PERMIT. AUD MENTAL HYGIENE, DIN, ON, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one cause per line for (a, b), and (c) RETWEEN ONSET AND DEA Thoraco-abdominal injuries IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF A BURIAL A BURIAL A BURIAL FILL AND MEI lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO WEDICALE SAMINER. THIS CERTIFICATE EXECUTE THE CERTIFICATE WRITING THE WORD PAGE. SHOULD BE CONVARIED TO THE CHILD FAMILY OF HISTORY BAGE 3 SHOULD BE USED AFFIRE DEPARTMENT OF STATE DEPARTMENT OF BUSINESSES. YES C NO 21g EXTERNAL CAUSE WAS 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 11:10PM 10-22:0 87 Driver in auto/auto collision CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME IL LOCATION 21d INJURY OCCURRED STREET, FACTORY FARM ETC.) WHILE AT WORK Route 27 and 80, Kemptown, Montgomery Co., MD Autopsy X 27a I certify that I was a will a af the remains described above, held an Ment X Undetermined manner death resulted fram Hamicide TITLE (SPECIFY) ACTUAL 10-23-87 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.d. ADDRESS 111 Penn Street, Baltimore, MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY Oct.26,1987 Parklawn Rockville, Montgomery, Md. Burial 07 84 250 DATE REC'D BY REGISTRAR 256 REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR DHMH 17 Olin L. Molesworth, P.A., Damascus, Md. (VR A15 ME (5))

1. (2.12) ME COME TO SECOND DIVIN IN DESCRIPTION OF STREET minahung (Set. 85. 450) Label older in the more of the state
completely filled in by the funeral director page 3 s 10 ad 2 should be filed within 72 hours ofter death

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and ci should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

BP.

DHMH 16 60M 7/B

(VRA 15, 4)

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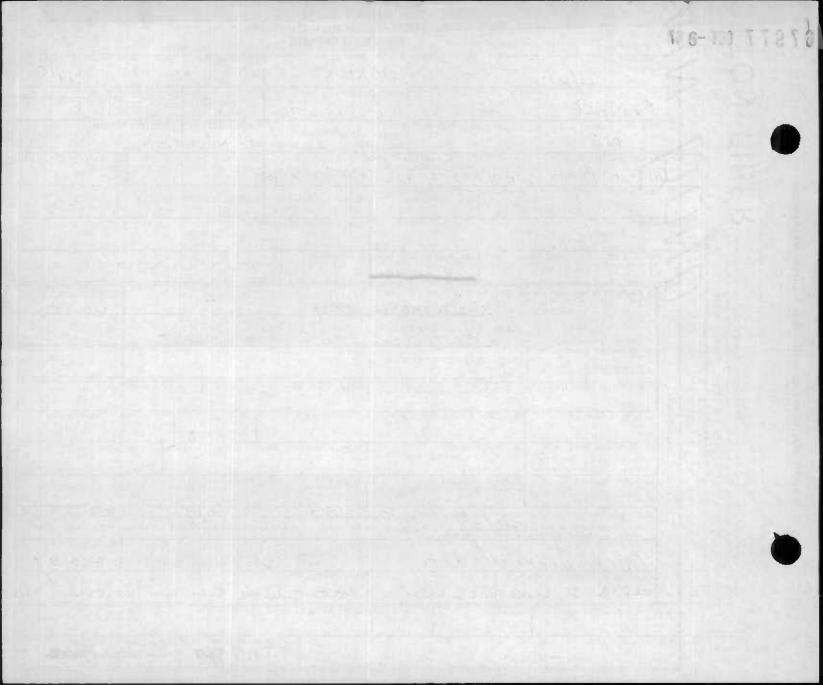
FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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| Table Tabl | 17 | REGISTRAK | 17. 134 | C=1(1111 | CAIL OI DEATH | | REG NO | | | | |
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| 136 STATE NO NO 136 STREET ADDRESS / ZIP CODE 20906 | | | (IF NOT IN SUCH FACILITY GIVE STE | REET ADDRESS) | | | | | | F BUSINESS | |
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| 270 I certify that (I) (this hospital) attended the deceased from 8.0.8.19 to 10.3.19.8.7 that (I) (we say the deceased alive on 10.3.8.19 ond that in (my) (our) apinion death occurred on the date and hour and from the causes state above, (I) (we) idid (did not) view the body after death. 270 PHYSICIAN STAFF 270 PHYSICIAN STAFF 271 PHYSICIAN DIRECTOR PHYSICIAN TO 14.18.7. 272 PHYSICIAN STAFF 273 BURIAL, CREMATION, REMOVAL 123 DATE 123 NAME OF CEMETERY OR CREMATORY 123 LOCATION (IFFOR IOWN) 274 PHYSICIAN STAFF 275 PHYSICIAN STAFF 276 PHYSICIAN STAFF 277 PHYSICIAN STAFF 278 PHYSICIAN STAFF 279 PHYSICIAN STAFF 270 PHYSICIAN STAFF 270 PHYSICIAN STAFF 271 PHYSICIAN STAFF 272 PHYSICIAN STAFF 273 NAME OF CEMETERY OR CREMATORY 123 LOCATION (IFFOR IOWN) 273 BURIAL, CREMATION, REMOVAL 123 DATE 123 NAME OF CEMETERY OR CREMATORY 123 LOCATION (IFFOR IOWN) 274 PHYSICIAN STAFF 275 PHYSICIAN STAFF 276 PHYSICIAN STAFF 277 PHYSICIAN STAFF 278 PHYSICIAN STAFF 278 PHYSICIAN STAFF 279 PHYSICIAN STAFF 270 PHYSICIAN STAFF 270 PHYSICIAN STAFF 278 PHYSICIAN STAFF 279 PHYSICIAN STAFF 270 PHYSICIAN STAFF 270 PHYSICIAN STAFF 270 PHYSICIAN STAFF 270 PHYSICIAN STAFF 270 PHYSICIAN STAFF 270 PHYSICIAN STAFF 271 PHYSICIAN STAFF 272 PHYSICIAN STAFF 273 PHYSICIAN STAFF 274 PHYSICIAN STAFF 275 PHYSICIAN STAFF 276 PHYSICIAN STAFF 277 PHYSICIAN STAFF 278 PHYSICIAN STAF | S | | | 19 | | | | | | | |
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| Removal 10-4-87 | 23o F | BURIAL CREMATION REMOVE | 7 7 | | <u> </u> | | | | 1 | | |
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| | _ | | 10-4-8/ | | 1 | | D | | | | |
| NAME ADDRESS STORY OF ADDRESS | S | State Anaton | ny Board B | alto., | Md. | () | 190/ | man inmited | COOL May | A PORTING | |

Balto., Md.



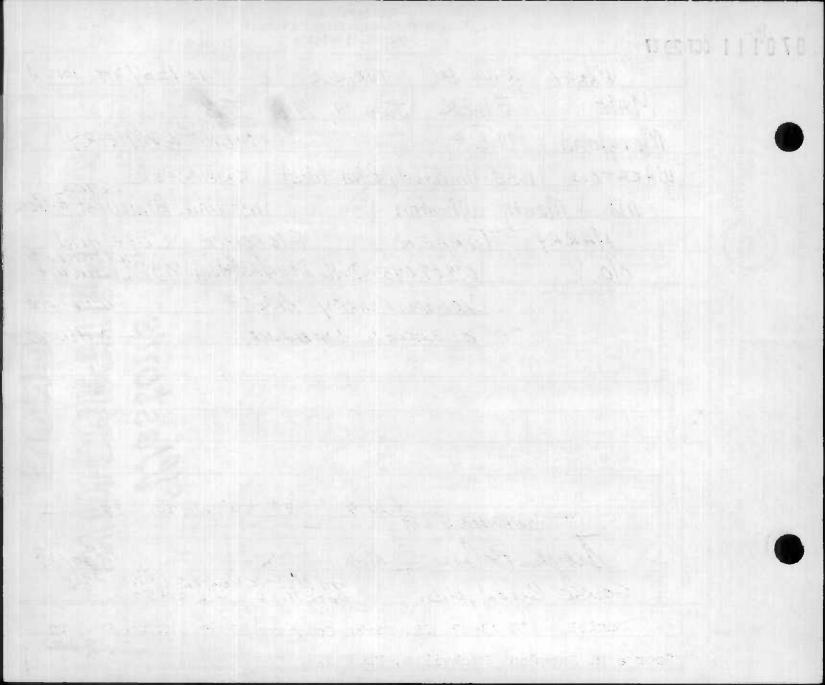
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| T | 20 | FOR STATE GEGISTRAR | DEPART | | IEALTH AND MENTAL HYEI ICATE OF DEATH | REG. N | · • • | | |
|-----|---------------|---|---|------------|--|-------------------------|----------------|-----------------------|----------------|
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| | (TYPE | ORPRINT) HARRY | WILLIAM | 7 | URNER | 10 | 120/ | 87 | 1015 Am |
| | 3 SEX | NIHIE | RACE | 5 DATE C | OF BIRTH | 6 AGE (IN YEARS T BIR | MÓN | MDER I YEAR | HOURS MIN |
| 4 | 70 B15 | RIHPLACE IN ATE OR FOREIGN | TO CITIZEN OF WHAT COUNTRY | 2 8 | 4 17, 1911 | 9 BALTIMORE CITY C | YRS COUNTY OF | EDEATH | |
| | C | Plaryland | U.SA | MARRIE | | MONT | 600 | IER | Y MD |
| | 10 CT | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS | NG HOME (| OR OTHER INSTITUTION | 120 USUAL OCCUPAT | | | BUSINESS OR |
| | u | HEATON | 1135 Univer | sity & | Blud West | ENGIA | EER) | INDUSTRY | |
| 5 | 13a S | | OTHER INSTITUTION GIVE RESIDENCE BEFO TY 13s CITY OR TO UNEAT | | 138 INSIDE CITY LIMITS? | 13. STREET ADDRESS | ZIP GODE | West | + #400 |
| 1 | 14 FA | THER'S NAME | AIDDLE LAST | | 15 MOTHER'S MAIDEN NAM | AE MIDDLE | 200 | Worker | 1 7/6 |
| |) | HARRY | LURAR | R | 1-10 | rence ADDR | COF | 2e/Ay | 7d. |
| 1 | | | AED FORCES? 166 SOCIAL SEC WAR OR DATES) 077-07 | -0933 | Della Dougi | las (daugh | ter) ni | geaton | 1. Md. |
| | | 18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED | y one couse per line for lat. Ib., a | nd ic | 100 | 110 - | | BETWEEN O | NATE INTERVAL |
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| | | Conditions, if any, which gove rise to immediate | (16) ESOPATA | 466A | L CARBINOL | 14 | | 3 14 | ONTHS |
| | | couse io, stating the | DUE TO, OR AS A CONSEQU | JENCE OF | | | | | |
| | | underlying cause lost | (c) | | | | | | |
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| 7 | ERT | 210 ACCIDENT WAS UNDERLYING | 216 TIME OF INJURY | | 21¢ HOW INJURY OCCURR | | | OR PART (| 110 |
| 100 | | OR CONTRIBUTING CAUSE OF DEA | | | | | | | |
| | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) | P M 21e PLACE OF INJURY | 19 | 211 LOCATION | | | | |
| | ME | WHILE NOT WHILE AT WORK | (AT HOME STREET FACTORY OFFICE | FARM ETC | STREET | ITY OR TO | NWO | COUNTY | TATE |
| | | | attended the deceased from | JULY | 6 1987 | 10 OCTOURE | 20 19 | 87 1 | hot I lee last |
| | | sow the deceased olive on above, (1) (was add) (did not | SEPTEMBER 28 19 | L.France | nd that in Imy would opinion d | deoth occurred on the d | ate and hour o | nd from the c | auses stated |
| | | 226 SIGNATURE | New me body drief debtil | | DEGREE | | | 220 DATES | SIGNED |
| | | Stoye | - Bolein | 1 | ATTENDING PHYSICIAN | MEDICAL STA | | 10/20 | 0/87 |
| 1 | | ZNE PHYSICIAN'S NAMED IN O | HINTI / | | 22e ADDRESS | A CENTER | DRIVE | C. #3 | 32 |
| L | | GEORGE ! | SOLEN, KID, | | PACKVILL | 6 HD : | 0850 | | |
| | | URIAL CREMATION, REMOVAL | 23h DATE 23c | NAME OF C | EMETERY OR CREMATORY | 28d LOCATION | | DUNTY | TATE |
| | | Burial | 10-23-87 S | t. Ma | rks Cemeter | 2 | Montq. | Co. | |
| | 24 FU | INERAL DIRECTOR | ADDRESS | | 250 DATE | REC'D BY REGISTRAR | 256 REGISTRA | | JRF INC. |
| | Ge | eorge R. Snow | den Rockvil | le, M | D 20850 UUI | 4 0 1901 | | | 1 |

DHMH = 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other froumotic



STATE OF MARYLAND

05/4 al corre 1 Tollettill en Tired 1.70 Dice D.F. A.T. · ~ ~ ~ ~ ~ ~ LL I Esservision, thentilly, ve esser Lilver min; otro er o., Tolm . Tolm unil/manuit 1/2/2 sirn entiny sind, on o., Joseph Wiler's one, Tro.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH DECEASED NAME 20 DATE OF DEATH 2b HOUR 5. DATE OF BIRTH 3 SEX 4 RACE DECEMBER 1, 1913 FEMALE CAUCASIAN YRS TO BIRTHPLACE IS ATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED WASHINGTON, DC USA MONTGOMERY WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITTE OF WORK FOR MOST OF WORKING LIFE INDUSTRY HOUSEWIFE WHEATON MANOR CARE NURSING HOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE SILVER SPRING YES MONTGOMERY MARYLAND 214 E. FRANKLIN AVENUE 20901 NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME THOMAS UNKNOWN AS 0. WHITE FLORENCE ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) WILLIAM F. TWOMBLEY/HUSBAND/SAME AS 13 578-18-9995 NO 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (OF DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse o, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1115 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 8 PART | JR PART | HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL PM (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME SIREET FACTORY OFFICE FARM ETC.) 720 | certify that (1) (this hospital) attended the deceased from saw the deceased olive on_ and that in my (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did /did not) vy DEGREE 220 DATE SIGNED ATTENDING 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL I SPECIEYI OCT29,1987 BURIAL CEDAR HILL CEMETERY SUITLAND PRINCE GEORGES MD 24 FUNERAL DIRECTOR FRANCIS J. COLLINS JR. 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

DHMH = 16 60M 7/84 (VRA 15, 4)

MPORTANT. ld b

070538 111-307

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL BY GIENE CERTIFICATE OF DEATH

| 068699 oct | 15 87 | FOR STATE REGISTRAR | | | HEALTH AND MENTAL RY | GIENÉ REG. 1 | NO. | | |
|---|------------|---|----------------------------------|--------------------|---------------------------------|---------------------------|-------------------|---------------------|----------------------|
| | | CEASED NAME FIRST | MIDDLE | | LAST | 20 DATE OF DEATH | MONTH DA | AY YEAR | 2b HOUR |
| oy be | (17) | Kazimie | era | U11m | ann | October (| 9. 198 | 7 | 8:25a M |
| a oy | 3 SE | | 4 RACE | | OF BIRTH | 6 AGE (IN YEARS LAST B | | FINOERINEAR | FUNDER AHR |
| s of | | Female | Caucasia | Ma. | rch 3. 1900 | 87 | YRS | DATA | HOSK MIN |
| Pog di più | 70 B | IRTHPLACE () ATE OR FOREIGN | 76 CITIZEN OF WHAT CO | OLINTRY2 8 | D NEVER MARRIED | 9 BALTIMORE CITY | | OF DEATH | |
| nero n 72 | | Germany | Poland | WIDOW | | Montgomer | cy Coun | ty. | MD |
| de de de de de de de de de de de de de d | 10 0 | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL | | OR OTHER INSTITUTION | 120 USUAL OCCUPA | TION | 126 KIND O | OF BUSINESS OR |
| of soft | / W | heaton | University | | Home | Homemak | | | Home |
| BALTIMORE, MARYLAND 2120 sote be executed within 24 hours ysicion and complete from by ppers. Pages 1 and 2 should be file vol it, the medical examine injustibene | | AL RESIDENCE LIF NURSING HOME STATE 1136 COL | OR OTHER INSTITUTION GIVE RESIDE | | | 113e STREET ADDRESS | | | 0852 |
| N 7 203 3 | N | | | otomac | YES NO | 7826 Hea | | | |
| RYLL Street | | ATHER'S NAME | MIDDLE | LAST | 15 MOTHER'S MAIDEN NA | AME | | IAS | St |
| MAI de de de de de de de de de de de de de | 61 | Unkno | | | riks: | Unknown | | | |
| d co | | WAS DECEASED EVER IN U.S. A | | CIAL SECURITY NO | 17 INFORMANT | | 826 H | eathe | rton La |
| IMO Poge | | NO | | -28-465 | Adele A. | Ullman | | | d. 2085 |
| Sicro pers of the | | 18 CAUSE OF DEATH Enter | only one cause per line for I | | | | | BETWEEN | ONSET AND DEATH |
| T., B | | PART I DEATH WAS CAUS | SED BY ATE CAUSE (a) | H | Cute Inoc | adil To | lecto | 16 | day |
| on services | | | DUE TO, OR AS A CO | ONE CHEMCE OF | 1 / | 11. 1 2. | | 2 | |
| PRESTON ne deoth co | | Conditions, if ony, which | (b) | Hotent | scleshe to | West DI | 2958 | 1 | Jul. |
| | | gove rise to immediate cause of stating the | DUE TO, OR AS A CO | ONSEQUENCE OF | | | | | |
| by the other other | | underlying cause last | 0 | | | | | | |
| s, 201 ires the n pleo buriol, ry. or o | | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBU | HING TO DEATH BU | T NOT RELATED TO THE TERA | MINAL DISEASE OR CO | NDITION GIVE | N IN PART 1 | CI CI |
| RDS | NO. | Ho | 3750 | Janos | 3 | | | | |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN. The low require ottending physicion ther this certificate has been sign os the buriol-transit permit. Then the and Mental Hygiene prior to be orded or titlen it is shows ony injury, | CERTIFICAT | 198 DATE OF OPERATION | 196 CONDITION FO | OR WHICH OPERATION | N WAS PERFORMED | 20a AUTOPSY? | | WERE FINDING CAUSES | |
| TALR The cronne ho sit peens sit peens show | E E | | | | | YES NO X | YES | | NO 🗌 |
| AN. hysie ficot from THys | | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D | | Y ONTH DAY YEAR | 21c HOW INJURY OCCUI | RRED (ENTER WAT RE OF IN. | DRY IN ITEM 8 PAR | RI ORPARI. | |
| SICIA ng ph certif rirol-t entol | CAL | LIFEITHER NOTIFY MEDICAL EXAMIN | ER) P.M. | 19 | | | | | |
| PHY: | MEDI | 21d INJURY OCCURRED | 21e PLACE OF INJUR | | 211 LOCATION | ± If Y OR 1 | OWN | THINITY | STATE |
| NG St. the of the orke | | AT WORK AT WORK | | | | | | | |
| N A A A A A A A A A A A A A A A A A A A | | 22a.1 certify that (1 (this has | 0 0 | | / C. | to | - 9- | | that I (العبيد) lost |
| Spite CTO of 10 | | | nat view the bady after dec | - 19 87 . c | ind that in (my) (www.) Opinior | deoth occurred on the | date and hour | | |
| OR house | | 226 SIGNATURE | 10.0 | p + | DEGREE ATTENDING | MEDICAL ST. | AFF | 224 DATE | SIGNED |
| | | 81 | eglie W. T | (Ce / | 7. PHYSICIAN | X DIRECTOR PHYS | | Oct. | 09,1987 |
| HOSPITAL med by the FUNERAL wild be detribe the the Stote CORTANT. | | 22d PHYSICIAN'S NAME (TYPE | (OR PRINT) |) / | 22e ADDRESS | | | | |
| O HOS etoined TO FUN should b | | Stephen W. De | jter, MD / | | 6719 Wilson | Lane Bethe | sda, Md | . 2081 | .4 |
| D 6 5 2 3 5 | 23a | BURIAL, CREMATION, REMOVA | 236 DATE OCT. | 23¢ NAME OF | CEMETERY OR CREMATORY | 23d LOCATION | | EUNIY | STATE |
| BP | | Burial | 13, 1987 | Parkla | wn Mem. Par | k Rockvi | lle | | ryland |
| DHMH = 16 60M 7/84 | | UNERAL DIRECTOR Robe | | | 25a DA | TE REC D. BY REGISTRA | 8756 RECKETA | SESSINGATION | delle |
| (VRA 15, 4) | F | Home/Rockvill | le, Inc. 30 | 0 West | neral Montgome (C) | 1 4 1987 | CONT. PROPERTY | mar af. | i |
| | | Ave | RUCAVIIIE, | - Plaiyia. | 10 | | | | |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN

MIDDLE

Beraldine TRACE

CERTIFICATE OF DEA

| TAL HYG | IENE | ž | |
|---------|-------------------------------|---------------|----------------|
| TH | REG. NO. | | |
| | 20 DATE OF DEATH MONTH DE | AY YEAR | 25 HOUR |
| ex | 100 | 187 | 6:40 Pm |
| | | F INDER ! FAR | IF NOER 24 HRS |
| 19 | (08 YRS | N m. DAT | HC /R MIN |
| RIED 🗆 | 9 BALTIMORE CITY OR COUNTY | OF DEATH | |
| CED [| montgomer | 4 Co. | untymo |
| ION | 120 USUAL OCCUPATION | | BUSINES OR |
| 2/ | Nurse-Phys | ician | s Offic |
| IMITS? | 13e STREET ADDRESS / ZIP CODE | n | _) |
| | 6500 Rig95 | Koa | \mathcal{Q} |
| IDENNA | ME | | |
| | MIDDLE | LAST | |
| | Ann | Сор | eland |
| - | . ADDRESS A O = | | |

| 3 367 | | 1, 1, | me c | | , 0,,,,, | , OINTI | | | 7 | AND DESCRIPTION OF THE PERSON NAMED IN COLUMN | |
|---------------|---|-----------------|----------------------|-----------------------|----------------|-------------------|---------------------|--|-----------------|---|----------------|
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| | RTHPLACE I ATE OR FO | OREIGN 76 | CITIZEN OF V | VHAT COUNTRY? | 8 | D NEVER M. | A DDIED [| 9 BALTIMORE CITY | R COUNTY | OF DEATH | |
| | Californi | 12/ | 11.5 |). | MARRIE | | DRCED T | montai | me | 1400 | 110 tun |
| - | ITY OR TOWN OF DEA | | NAME OF H | OSPITAL, NURSIN | | | | 12a USUAL OCCUPAT | ION | HI KINDO | F BUSINESS OR |
| 5 | : Wel Sac | 136 | | FACILITY, GIVE STREET | | 1 | 601 | LTYPE OF WORK FOR MOST C | | E) INDUSTRY | , |
| | 17VCI OPI | 100 | HOL | 40105 | 5 / | 05011 | -al | Nurse | -Phys | sician | s Offic |
| 13a S | AL RESIDENCE (IF NURSI | 134 COUNTY | | 130 CITY OR TOW | | 13d INSIDE CIT | Y LIMITS? | 13e STREET ADDRESS | ZIP CODE | 0 | _1 |
| m |)aryland | Prince | Georges | Huatts | ville | YES 🗔 | 10 🗆 | 6500 R | 1995 | Koa | Q_{-} |
| 14 FA | ATHER'S NAME | MIDE | | LAST | | 15 MOTHER'S | MAIDEN NA | WE | 11 | TAE. | |
| 1 | J. | | | Minshe | TA7 | Leor | | Ann | | Cor | eland |
| 16a V | VAS DECEASED EVER I | | - | 166 SOCIAL SECU | | 17 INFORMAN | - | | €13E | 007 | Cland |
| 10 | YES, NO OR UNKNOWN) | (IF YES GIVE WA | AR OR DATES) | EE2 16 2 | 277 | C = == 1 | | | | \ | |
| | N/A | | | 553-16-3 |) 2 / 2 | Geral | d Uni | erkoefler | (3011) | | MAYE INTERVAL |
| | 18 CAUSE OF DEATH PART I DEATH W. | A CALISED B | ne couse per l | ine for oil b and | dic | | 11 | . N. a. 11 | 10 | BETWEEN | MATE INTERVAL |
| | | IMMEDIATE C | | 1011- | 0 | nalor | MAGE | PEUHLLIV | E. | JUA | de |
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| | gove rise to imm | | DUE TO 00 | AS A CONSTONE | NCT OF | | | | | | |
| | underlying couse | | DUE TO, OR | AS A CONSEQUE | NCEOF | | | | | | |
| | DADES CHIEF CICA | VEIC + 1 1 CO + | (61 | NITRIDI (NICE TO F | DE A THE BUILT | NOT BELLIED | O THE TERM | - IN IN IN IN IN IN IN IN IN IN IN IN IN | DITION CIV | SAL (AL DADT) | |
| z | PART Z DIHER SIGN | IIFICANI CON | h A | 12 114 | JEATH BUT | NOTRELATED | O THE TERM | AINAL DISEASE OR CON | DITION GIV | EN IN PART II | 3 |
| 은 | 10 Ven | Mulle | na | NIT UNI | 7 | | | To a control | Tage IF WES | LUEDE EDIDA | 100 |
| CERTIFICATION | 190 DATE OF OPERAT | ION | 196 CONDI | HON FOR WHICH | OPERATIO | N WAS PERFOR | MED | 20a AUTOPSY? | | , WERE FINDIN | |
| E E | | | | | | | | YES NO | YES | s 🗌 | NO 🗌 |
| B | 21a ACCIDENT WAS UND | | 215 TIME OF | INJURY A. MONTH DA | V VEAD | 21c HOW INJ | URY OCCUR | RED LENTER NATURE OF INJU | RY IN ITEM 18 P | ART OR PART 21 | |
| ¥ | OR CONTRIBUTING (C | | P.A | | 19 | | | | | | |
| MEDICAL | 21d INJURY OCCURR | | 21e PLACE C | OF INJURY | | 211 LOCATIO | 4 | | | (OUNTY | VIAIE |
| X | WHILE NOT WH | II E | (AT HOME STRE | ET FACTORY OFFICE F | ARM ETC) | STREET | | CITY OF TO |)WN | COUNTY | MAIL |
| | AT WORK AT WOR | | and the state of the | d | 7/7 | 7 | 10 8 | 7 /0/ | | 1087 | 4 |
| | 22a I certify that (1) sow the decease | | D 7 | deceosed from | 102 | ad that in tental | . 19 | deoth occurred on the d | ato and have | | that (we) hist |
| | above Il Iwe d | | of the beginn | offer death | 01 | | 2 | dediti decorred on the d | OTE ONG 11001 | | |
| | 226 SIGHATORE | - | 11 | 1 | , | DEGREE | TENIDING | MEDICAL STA | cc | 231 DATE | SIGNED |
| | 1100 | ng | 0 6 | neup | u | P | TENDING TYSICIAN | MEDICAL STA | | 1/2/ | 07 |
| 1 | 22d PHYSICIAN'S NA | ME (TYPE OR PR | INT) | 1 | | 22e ADDRESS | 2 | 30 9 SHOI | CETTE | W RI |) |
| | 11.14RA | 1 6 | chf | NKIN | | | 1 | 1) Horason a | Re 1 | | |
| 73n F | BURIAL, CREMATION, | REMOVAL I | 3b DATE | [23c N | NAME OF C | EMETERY OR C | REMATORY | 23d LOCATION | 17 0 | | |
| | (SPECIFY) | 1 | | | | | | (ITY OR TOWN | 4 . | COUNTY | LATE |
| 24 FI | Cremation UNERAL DIRECTOR | n l | 10/3/ | 87 I M | letro | polita | | ematory A | Lex. | PARS SIGNIAT | LIPE |
| | ines/Rina | aldi 1 | 1800 | New^Ham | n . A 37 | e.S.S | | T 06 1087 | A NEOISI | TAN S SIGNAL | 2 00 |
| ** | ZICD/ICZIIC | LUL I | 1000 | 11 C W 11 CI | - P - 77 A | M | di | 1 0 0 1301 | 16 | Colgress . K | andalle |

DHMH 16 60M 7 84

BP.

(VRA 15, 4)

FOR

TYPE OR PRINTS

STATE

REGISTRAR DECEASED NAME

BP.

DHMH 16 60M 7 84 (VRA 15, 4)

068234

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| OCT - | DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. | | | | | | | | | | |
|----------|---|-----------------------------------|------------------------|--|-------------|--|---------------------------------------|---------------------------------|--------------|----------------------------------|--|
| 001 | _ | CEASED NAME FIRST | M.I | DDLE | i. | AST | 20 DATE OF DEATH | | AY YEAR | 76 HOUR | |
| | | ORPRINT | | | 1/2 | / . | 1 | | 87 | 1000 | |
| | 3 SE | Viani | 1 RACE | | 5 DATE O | F RIPTH | 6 AGE (IN YEARS LAST BIR | (HDAY) | FUNDER FEAR | IF INDER 24 HRS | |
| | 3 31 | | | | MONTH | DAY YEAR | 60 | | ONTHS DAYS | MOLAS MIN | |
| -1 | 2 01 | EMALE | WHIT | | MARC | H 2 1929 | S & | YRS | OF DE ATH | | |
| oute | | RTHPLACE MATE OR FOREIGN COUNTRY) | 76 CITIZEN OF W | | MARRIE | NEVER MARRIED | S BALTIMORE CITY O | LTIMORE CITY OR COUNTY OF DEATH | | | |
| 00/ | | JUINOIS | USI | | WIDOWE | the state of the s | | JIGOMERY MD | | | |
| Ted | 10 C | ITY OR TOWN OF DEATH | | DSPITAL, NURSIN FACILITY, GIVE STREET | | R OTHER INSTITUTION | 120 USUAL OCCUPATI | | | F BUSINESS OR | |
| to O | | ithers burg | SHADY GA | COVE ADVE | NTIST | HOSPITAL | 4 | LERK | BRI | AC | |
| ٩ | 130 | AL RESIDENCE LIF NURSING HOME | OR OTHER INSTITUTION G | THE RESIDENCE BEFORE | ADMISSION) | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | ZIP CODE | | , | |
| S C | | | | GAI THEYESE | | YES NO | 861 CLOPP | | T-4 / | 20878 | |
| in a | | THER'S NAME | | | -01/00 | 15 MOTHER'S MAIDEN NA | ME | 71-1-1 | / | | |
| wox) | | Rou | MIDDLE | SHOCKL | G7 4 | SARAH | ALICE | | Boye | - | |
| 0 | 160 V | | ARMED FORCES? | 66 SOCIAL SECU | | 17 INFORMANT | ADDRE | SS | 0096 | 2 | |
| medic | (| 122 HA | MPTON, VA. | | | | | | | | |
| the | | 18 CAUSE OF DEATH Enter | only one couse per la | ne for to the one | dic | 2 1 | ^ | | BETWEEN | MATE INTERVAL ONSET AND DEATH | |
| vent | | PART I DEATH WAS CAU | SED BY ATE CAUSE (0) | hetus | tati | i Breust | Cancer | | ye | en | |
| tic e | DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| O E S | | | | | | | | | | | |
| 10 | Conditions, if any, which gove rise to immediate cause (a) stoting the DUETO OR AS A CONSEQUENCE OF | | | | | | | | | | |
| othe | cause 101 stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| 0 | | PART 2 OTHER SIGNIFICAN | T CONDITIONS CON | TRIBLITING TO | DE ATHERITY | NOT BELLIED TO THE TERM | IN ALL DISSEASE OR CONT | DITIONICING | NI DI DADY 1 | | |
| lory | Z | PART 2 OTHER SIGNIFICAN | INAL DISEASE OR CON | JIIION GIVE | NINPARTIC | , | | | | | |
| r y | CERTIFICATION | 190 DATE OF OPERATION | 19h CONDIT | ION FOR WHICH OPERATION WAS PERFORMED | | | 200 AUTOPSY? 206 IF YES, WERE FINDING | | | VGS LISED | |
| NS O | 5 | THE DATE OF CITEMATION | 170 CONDI | | | | | IN CERTIFY | ING CAUSES | OF DEATH? | |
| å | E E | 210 ACCIDENT WAS UNDERLYING | 71b TIME OF | INTITIES | | Tal HOW INTURY OCCUPE | YES NO NO | YES | hand. | но 🗌 | |
| 8 | | OR CONTRIBUTING CAUSE OF | 110110 4 14 | | AY YEAR | 21c HOW INJURY OCCURE | RED LENTER MATCHE OF INTO | IN ITEM IS PA | KI OKPARIZ | | |
| Item / | MEDICAL | LIE EITHER NOTIFY MEDICAL EXAMI | | | 19 | | | | | | |
| op | AED AED | 21d INJURY OCCURRED | 21e PLACE O | F INJURY | ARM ETC) | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STATE | |
| rke | - | A! NORK A! WORK | | | | | - 1 | | No. | | |
| S mo | | 22a I certify that (I) (this ho | spital attended the | deceosed from | 100 | nch 19 8 | 10 10 | L 1 | 9_87 | that lost | |
| 2 | 1 | sow the deceased plive | on on on on | fter decith | or or | d that in (my) too opinion | deoth occurred on the d | te and hour | ond from the | couses stated | |
| tem | | 77% SIGNATURE | _ 1 | 7707 000,00100 | | DEGREE | | | 220 DATE | SIGNED | |
| = | | 15 | 3/6 | men | | ATTENDING PHYSICIAN | MEDICAL STA | | 10/ | 457 | |
| Z- | 7 | 774 PHYSICIAN'S NAME (TYP | E OR PRINT) | | | 22e ADDRESS | 1 | /- / | 1 | 1 | |
| MPORTANT | Stephen Newman 19261 Montgomery Vill | | | | | | | 11 Ave | . (Toit | Lorsburg | |
| ¥ / | 22- 5 | BURIAL, CREMATION, REMOV | | | LAME OF C | EMETERY OR CREMATORY | 73d LOCATION | (1//1- | 70411 | 114730 | |
| | | (SPECIFY) | | 1007 0 | A . A | 0 - | CITY OR TOWN | 0. | COUNTY | STATE | |
| _ | 24 5 | CROMATION UNERAL DIRECTOR | OCT. 4, | 140/1CH | HMBER | S CREMATORY | KIVENDALE | 24 0000 | CO. M | MYLAND | |
| 7 84 | | NAME | | ADDRES . | | 14. | 8 1987 | O RESERVE | JUSHARA) | Haravar | |
| | 13 1 | LAMBONS FINEY | THE HAVE | 5.1.120 6 | 20.011 | MD | | | | | |

| - | T | A | TE | 01 | M | A | RYL | AN | C |
|------|-------|---|-----|----|-----|---|-----|----|---|
| 0.00 | _ | | 110 | | *** | | NIP | | |

| 04 | 1 # | SY BREVEAM. | 1/4/5 Kem | STATI | OF MARYLAND | 3 3 | 0 | |
|--|---------------|---|--|-------------|-----------------------------|--|---------------------|---------------|
| 10 | 1 | FOR STATE | DEPART | | EALTH AND MENTAL HYG | IENE | | |
| 0'68585 nr | | RESISTRAR CEASED NAME | | CERTIF | ICATE OF DEATH | REG NO | | |
| 0000000000 | 1 DE | CEASED NAME DI I PA | MIDDLE BARON | 1 | AST . | 20 DATE OF DEATH MONTH | DAY YEAR 21 | b HOUR |
| age 3 | | - 4111 | Jon | Yant | eecturen | 10 | 06 87 : | 3:40 A M |
| may fer d | 3 SE | Х | 4 RACE | 5 DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY) | | FUNDER 24 HRY |
| ctor | | male | Caucasian | 3 | 6-11- | 77 76 YRS | | |
| 31(4) | 7a B | RTHPLACE ISTATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | 8 MARDIE | NEVER MARRIED | 9 BALTIMORE CITY OR COUNT | Y OF DEATH | |
| 11 AC | N | e they land's | U.S. | WIDOWE | | MONT60ME | RY | MD |
| 1 18/0 | 10 C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSI | | R OTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) | 126 KIND OF E | SUSINESS OR |
| 1 11 10 | | ethesda | SUBURBAN | | SPITAL | Engineer. | Cil In | luxtry |
| 1 1 5 6 | 13a | AL RESIDENCE LIF NURSING HOME OF | | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP COD | DE _ | |
| | - | | utgomery Cabin Jo | lin | YES NO | 8115 Riverside | Ave, Z | 08/8 |
| 1 18,1 | 14 F. | ATHER'S NAME | MIDDLE LAST | | 15. MOTHER'S MAIDEN NA | 44 IDDU F | LAS! | |
| 1 17/10 | | DANIEL WIGL | | | UNI | | | |
| N 10 10 10 10 10 10 10 10 10 10 10 10 10 | | WAS DECEASED EVER IN U.S. AF | | | IT INFORMANT | VAN HEECKEREN | - wife | |
| | | UNK. | IVE WAR OR DATES! 100-22 | 7305 | 8115 RIV | ERSIDE AVE. | | |
| Day of the column of the colum | | 18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE | nly one couse per line for 10 , 16' o | | 1 | | | TE INTERVAL |
| K 1 1221 | | | TE CAUSE (a) | ande | opulmonay. | arrest | immed | ille |
| 8 1 1101 | | | DUE TO, OR AS A CONSEQU | JENCE OF | . 0 | | 7 | 1 |
| 8 1/4 | | Conditions, if ony, which gove rise to immediate | (b) | piva | fron I neum | nonua | awa | UR |
| 1/報題 | | cause 101, stoting the underlying couse lost | DUE TO, OR AS A CONSEQU | | · C · 10 · 0 · | Cont | 2 | м. |
| 1 P P P P P P P P P P P P P P P P P P P | | | | VKIV | | sace severe | 19 yes | |
| 20 10 Sec. 10 | z | PART 2 OTHER SIGNIFICANT | 1 . 1 1 | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION G | IVEN IN PART 1 a | |
| ORD re Th | 1 8 | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATIO | | 200 AUTOPSY 2 206 IF Y | ES, WERE FINDING | SUSED |
| Ne pr | CERTIFICATION | THE DATE OF OPERATION | 170 CONSTRONT ON WITH | TOTEKATIO | TO WASTERN ORNED | IN CERT | IFYING CAUSES O | |
| N The roote h Hygiel Hygiel | ERT | 210 ACCIDENT WAS UNDERLYING | 7 216 TIME OF INJURY | | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 | | 140 |
| | | OR CONTRIBUTING CAUSE OF DE | HOUR A.M. MONTH | | | | | |
| YSICIA ding p s certification of them | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | P.M. 21e PLACE OF INJURY | 19 | 211 LOCATION | | BNIY | STATE |
| VISIG | A M | WHILE NOT WHILE AT WORK | (AT HOME STREET FACTORY OFFICE | FARM ETC) | STREET | LIY OR TOWN | LUNIY | NIATE |
| DING O O O O O O O O O O O O O O O O O O O | | AT TOTAL | oital) attended the deceased from | Son | - 19 198 | 10 Oct 6 | . 1987 the | (we last |
| TEN TOR Or us | | sow the decermal alive or | n O + 6 19 | 0 - 11 | nd that in my (our) opinion | deoth occurred on the date and ha | our and from the co | uses stated |
| REC REC | | 22b SIGNATURE | or view the bady after again | | DEGREE | | 22c DATE/SI | GNID |
| the Detach | | 1 / 1/1 | ennem to v | 160 | ATTENDING PHYSICIAN | DIRECTOR PHYSICIAN | 10/6 | 187 |
| PITA by VERA JERA JERA JERA JERA | 1 | 224 PHYSICIAN'S NAME TYPE | Contract of the Contract of th | - | 22e ADDRESS | | n u | 1 1 |
| O HOSPIT to FUNER should be a with the Str MPORTAN | | Lee R. Ven | nighton M.S. |) | 8218 WI | 5 Consen Avenu | e, bethe | sala, Md. |
| 0 de 0 de 1 mm | 23a | BURIAL, CREMATION, REMOVAL | 7 10 1 | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | 2 | 0614 |
| BP | | Removal | 10-7-87 | | | (ITY OF TOWN | OUNTY | TATE |
| | 24 F | UNERAL DIRECTOR | | | ; | | | TO |
| DHMH - 16 60M 7 / 84 (VRA 15, 4) | | State Anatom | ny Board Ba | lto. | Md. | OCT 0 9 1987 4 | the Davidson | -Mondall |
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

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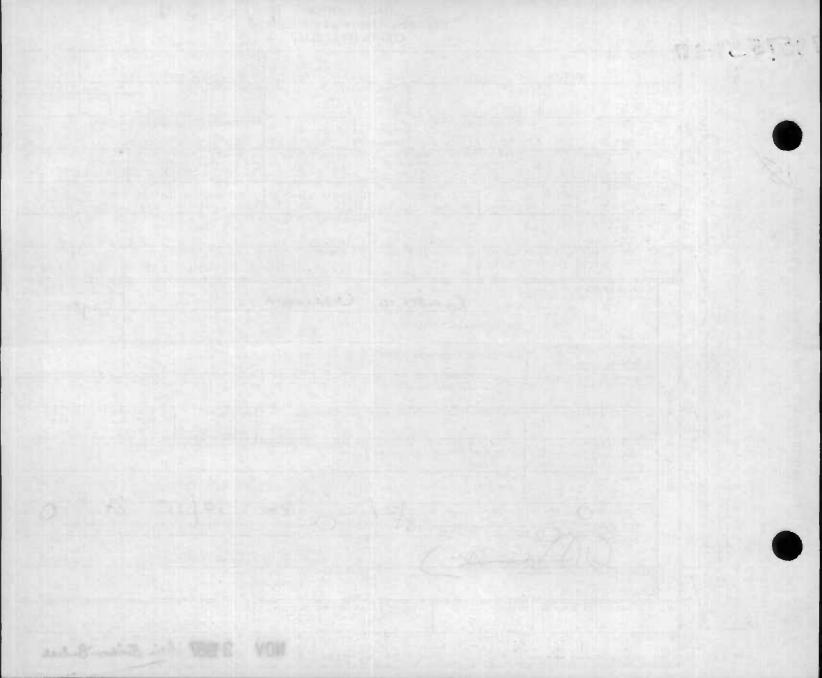
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| 1. DE | ECEASED NAME FIRST | MIDDLE | 1AST | | 20 DATE OF DEATH M | | 20 HOOK | | | |
| | Catherine | | Meurs | 7. | / | 0 7 87 | 630 A | | | |
| 3 SE | EX _ | 4 RACE | 5 DATE OF BIR | TH DAY YEAR | 6 AGE (IN YEARS LAST BIRTHE | | EAR IF INDER 14 HE | | | |
| | temale, | Caucasian | 8 | 24 07 | 80 | YRS | ATT HOURS MI | | | |
| 7a B | BIRTHPLACE I MATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | 8 | NEVER MARRIED X | 9 BALTIMORE CITY OR | COUNTY OF DEATH | н | | | |
| $ \wedge $ | letherlands | USA | WIDOWED | DIVORCED [| montas | mery- | | | | |
| 10 C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSI | | HER INSTITUTION | 120 USUAL OCCUPATION | N 175 KIN | D OF BUSINESS | | | |
| 6 | aithersbura | Wilson Heal | th Care | e Center | Retired | | ed. Govi | | | |
| | STATE LIST COLIN | OTHER INSTITUTION GIVE RESIDENCE BEFOR | | | | | | | | |
| 130 | | Georges Hyattsv | | | 6700 Belcres | | 6 20700 | | | |
| 19. F | ATHER'S NAME | 3,2800 11) 4000 | | NOTHER'S MAIDEN NA | ME DETCIES | L Ku. 4/1 | 0 20/82 | | | |
| 1 | Herbert" | Van Meur | rs | Jacoba | Vänder | We | yden | | | |
| | | MED FORCES? 166 SOCIAL SECT | URITY NO. 17 IN | NFORMANT | ADDRESS 7725 | D+ 07 | | | | |
| 1 | (YES. 1208 NKHOWH) TIF YES, GIVE | W 101 DATES) 381-16-8 | 3434 E1 | eanore R. I | Klitzke-Glen | wood, Md. | 21738 | | | |
| | 18 CAUSE OF DEATH (Enter onl | y one cause per lue for lat, ibyar | de) | 7 14 | | АРР | PROXIMATE INTERVAL EEN ONSET AND DEA | | | |
| | PART I. DEATH WAS CAUSED | BY. / / 10 1/1 | (Maker | to Sulla | 1 eluci | BETW | DALI | | | |
| | IMMEDIAL | E CAUSE 10) (A.C.N.H. | 7 | 1 | | | 41-1 | | | |
| | | DUE TO, OP AS A CONSEQU | | arver | 1250 DINS.1. | 2 / | n 400 | | | |
| | Canditions, if any, which gave rise to immediate | (b) 10000 100 | yer yer | 00,000 | o occur 10 | 10 | 0 / 23 | | | |
| | cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEQU | IENCE OF | | | | | | | |
| | 7 | (c) | | | | | | | | |
| z | PART THE IGNIFICANT CONDITIONS CONTRIBUTING TO DEMINIOUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a | | | | | | | | | |
| CERTIFICATION | THE DATE OF OPERATION | Ton construction to the | 114 | CREDEODUED | Lan AUTORGYA | ON IF YES WEDE SIN | In his second | | | |
| SE SE | THE DATE OF PERAISON | HE CONDITION FOR WHICH | A NCHEWATION WA | SPERFORMED | | ROD IF YES, WERE FIN IN CERTIFYING CAU: | | | | |
| RI | | | 72 | | YES NO NO | YES | NO [] | | | |
| | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT | 216 TIME OF INJURY HOUR A.M. MONTH D | AY YEAR | HOW INJURY OCCURR | RED (ENTER NATURE OF INJURY I | NITEM 8 PART OR PAR | | | | |
| CAI | (IF EITHER NOTIFY MEDICAL EXAMINER) | | 19 | | | | | | | |
| MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE I | 21f I | LOCATION | COLDS TOWN | LOUNTY | MAIL | | | |
| > | AT WORK NOT WHITE AT WORK | TAT TOME STREET THE TOWN OFFICE | TARM CITY I | | / / | 0 | | | | |
| | 220 L certify that (1) (thu haspital) attended the deceased from | | | | | | | | | |
| | the discount of the first and have and have the course do the flate and have and have the course do the | | | | | | | | | |
| | above (h) in ideal not view the body efter death. | | | | | | | | | |
| | ATTENDING MEDICAL STAFF | | | | | | | | | |
| - 1 | 22d PHYSICIAN'S NAME (TYPE OF | my you | 122 | ADDRESS A | DIRECTOR PHYSICIA | N | 1/10 | | | |
| | HENRY C. | CRUGGS M | 0 5 | 413 (de | Ver ha. Bu | thes da | and. | | | |
| 23a E | BURIAL, CREMATION, REMOVAL | | NAME OF CEMETE | ERY OR CREMATORY | 23d LOCATION | | | | | |
| | (SPEC Cremation | 10-8-1987 M | etropoli | tan Cremato | ry Alexandri | a. | Virgini | | | |
| 24 € | HNERALPINEGIOR 14: To | | | Isa DATE | E REC'D. BY REGISTRAR 251 | | | | | |
| П | fiffes/kinaldi Fu | neral Home ALL Sil | 00 N.H. A | ive. Md Of | T 1 3 1987 | Antia Troider | | | | |

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

| 5 | 11011 | -20 | 7 | REGISTRAR | | | | CENTIII | CAIL OI DEAL | KI . | REG. N | 0 | | | |
|--|---|---------|---------------|---|--------------------------|-------------------------|-----------------------------|---------------------------|----------------------|-----------|---------------------------------|---------------------------|---|-------------------------------------|--|
| | ut 1 | 30 | | CEASED NAME F | R51 | MID | DIE | L/ | AST | | 20 DATE OF DEATH | MONTH D | AY YEAR | 2b HOUR | |
| o o | death | | | Ral | lph | An | ton | Var | one | | October 2 | 8. 198 | 27 | 8:45pm | |
| may a | afterd | | 3 SE | | | RACE | | 5. DATE O | F 8IRTH | | AGE (IN YEARS LAST BIR | | IF . NDER I YEAR | IF UNVIDER , 4 HRY | |
| 4 90 | rs of | | | Male | | Caucas | ian | Marc | h 2, 1913 | EAR | 74 | YRS | JNII DAIS | HO RS MIN. | |
| 0 7 | hou | 8 | | RTHPLACE A MATE OR FORE | iGN 7b | CITIZEN OF WH | HAT COUNTRY? | 8 | NEVER MARRI | 9 | BALTIMORE CITY C | | OF DEATH | | |
| oth or | 72 | 2/ | | llinois | U | nited St | tates | WIDOWE | | | Montgomer | v Cour | ntv | MD | |
| 1 | 2 | Ded / | 10 € | TY OR TOWN OF DEATH | | . NAME OF HO | SPITAL, NURSING | G HOME O | R OTHER INSTITUTI | ON I | 20 USUAL OCCUPAT | ON | 12b KIND C | OF BUSINESS OR | |
| 5 | led / | \$ U | G | aithersburg | | | acility, GIVE STREET A | | | | Electrical | | | RCA | |
| 90 | bet | 0 | USU | AL RESIDENCE (IF NURSING | | HER INSTITUTION GIV | VE RESIDENCE BEFORE | ADMISSION) | 13.1-15.105.6174.14 | | | . 710 0005 | | | |
| 24 | igniging in | 重ち | | | | | Gaithers | | 13d INSIDE CITY LIV | MITS? | 3e STREET ADDRESS 565 Summit | ZIP CODE | Poad/ | 20877 | |
| this is | 2 | Je Je | _ | THER'S NAME | | | | burg | 15 MOTHER'S MAIL | DEN NAME | E | Hall | Roau | | |
| 3 0 | Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan | E . | D | Pasquale | MID | DLE | LAST | | Mark | | Marino Marino | | | ST | |
| ute | 7 | 0 | 16a \ | VAS DECEASED EVER IN | IS ARME | D FORCES? 14 | Varone | RITY NO | Mary 17 INFORMANT | Wife | ADDR | | arino | | |
| e x e | Pages | ledic | | | | AR OR DATES) | | | Vera S. | | | e as item 13 | | | |
| pe c | 2 2 | E E | | NO | | 1336 03 1923 1 | | | | V (1 C 1) | - Dunc | 45 1.00 | | VIALATE INITERVAL | |
| reate | aval | +,to | | 18 CAUSE OF DEATH REPART DEATH WAS | CAUSED E | ane cause per lin 3Y | 0 | | CARCIO | 1 | | | BETWEEN | XIMATE INTERVAL LONSET AND DEATH | |
| ertif | ren | eve | | IM. | MEDIATE | CAUSE (a) | GOST | 72 | Charle | Olac | | | Lycas | | |
| of the | Cart | nate | | 1.15.1 | | DUE TO, OR A | AS A CONSEQUE | NCE OF | | | | | | <i>'</i> | |
| dec | atia | 20 | | Conditions, if any, w | | (b) | | | | | | | + | | |
| the | ren | her | | cause a, stating | the | DUE TO, OR A | S A CONSEQUE | NCE OF | | | | | | | |
| that | ease al, c | - O | 7 | underlying cause | ast | (c) | | | | | | | | | |
| or es | 0 10 | 77. | | PART 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a | | | | | | | | | | | |
| reg | ar to | in / | CERTIFICATION | | | | | | | | | | | | |
| 30 | Print a | San | CA | 190 DATE OF OPERATIO | IN CONDITION FOR WHICH O | | | h Operation was performed | | | 200 AUTOPSY? | 20b IF YES, IN CERTIFY | S, WERE FINDINGS USED FYING CAUSES OF DEATH? | | |
| The | sit pe | 30 | Ë | | | | | | | | YES NO | YES | | NO 🗌 | |
| NA hysic | Hyg | 18 | | 210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS | | HOUR A.M. | njury month da | Y YEAR | 21c HOW INJURY | OCCURRE | D LENTER NATURE OF INJU | RY IN ITEM 18 PA | RT OR PART. | | |
| O P | -in- | E | CAL | FIFEITHER NOTIFY MEDICALE | | P.M. | | 19 | | | | | | | |
| nd r | d M | ŏ | MEDICAL | 21d INJURY OCCURRED | | 21e PLACE OF | INJURY FACTORY OFFICE FA | Dan ET/ 1 | 211 LOCATION | | CITY OR TO | WN | OUNTY | TATE | |
| afte | h an | z keo | 2 | AT WORK NOT WHILE | | (AL NOME STREET | TACIONT OFFICE TA | I I | | | , | | 0.0 | | |
| VIQ7 | se c | E | | 220.1 certify that the | s hospital | attended the c | deceased from | 10/ | , 19 | STE | , to 10 | 5 | · 100 | that I we last | |
| prital T.C. | of E | 21 | | ond that in (my) our) opinion death accurred on the date and hour and from the causes stated | | | | | | | | | | causes stated | |
| has has | hed | E | 1 | 178 SIGNATURE | 1 | and the south in | - | | EGREE | | | | 22c DATE | SIGNED | |
| the the | te D | ± | | | 1 / | 1 | m 1 | | ATTEN | DING | MEDICAL STA | FF | Octo | ber 29, 1987 | |
| by by | be d | Z / | | 22d PHYSICIAN'S NAME | (TYPE OR PE | RIN | | _ | 22e ADDRESS | | | | | 1907 | |
| HO | h the | MPORTAN | | Ralph Bocci | a M.D |) . | | | 14800 Ph | nysici | ians Lane aryland 20 | 1232 | | | |
| of of the contract of the cont | shaule | £ / | 23a 8 | URIAL CREMATION REA | | | ober 230 N | AME OF CI | METERY OR CREM | ATORY | 23d LOCATION | 330 | | | |
| BP_ | | 1 | | Burial | NO VAL | 31,1987 | 7 P | arkla | METERY OR CREM | al | CITY OR TOWN | /Mant | OUNTY | /Maryland | |
| DF | | - | 24 FI | INERAL DIRECTOR RO | bert | A. Pilmp | hrev Fur | eral | Park Home/ | 250 DATE | REC'D. BY REGISTRAR | | | /Maryland | |
| DHMH | 16 60M A 15, 4) | | | NAME RO | CKVLL | ile. Inc | ADDRESS | | | NOV | | | coider. | | |
| (VK) | ٦ الل , 4) | , | 30 | 0 West Mont | gomer | y Avenu | e KOCKVI | TIE,N | aryiana | | | | | 1 | |



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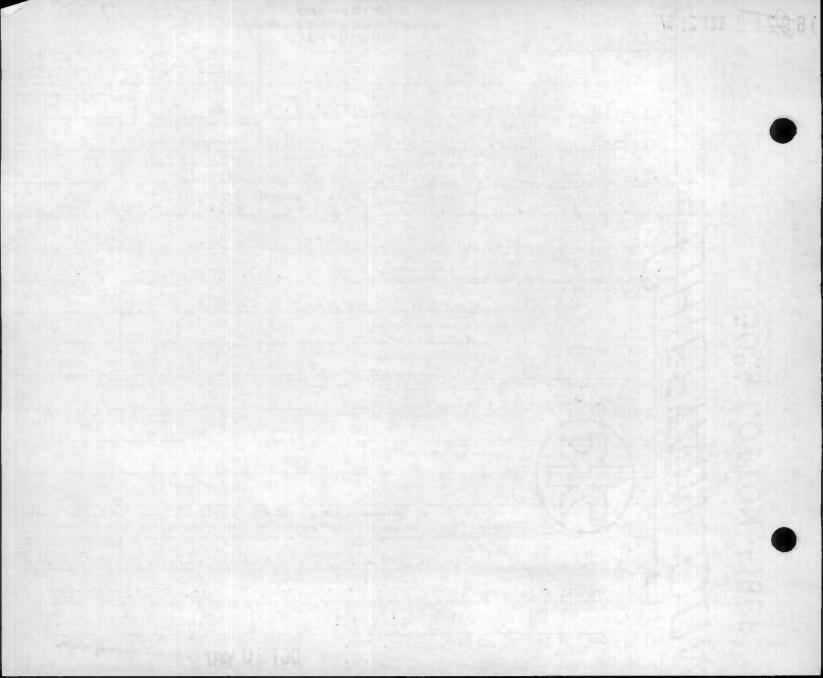
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 850 | 0 00 | 13 | - STATE REGISTRAR | DEPAI | CERTIFICATE OF D | | REG. NO. | | |
|-------------------------------|----------------------|---------------|---|---|-------------------------|---------------|--------------------------------------|---|---------------------|
| 000 | 000 | 1. DI | CEASED NAME FIRS | T MIDDLE | LAST | | | DAY YEAR | 12b HOUR |
| y be | leoth | (14) | FAYE | S. | VAUGHN | | OCTOBER 7, 198 | 7 | 6:15P M |
| e od | ler o | 3 SI | X | 4 RACE | 5. DATE OF BIRTH | YEAR | & AGE (IN YEARS LAST BIRTHDAY) | IF UNDER YEAR | IF UNUER , J HRS |
| ge 4 | 2005 | | FEMALE | CAUCASIAN | MARCH 9 | 1891 | 96 YRS | MONTHS! DATA | MIN. |
| Pog dir | ig go | 70 E | SIRTHPLACE ATE OR FOREIGH | N 76 CITIZEN OF WHAT COUNTR | 2Y? 8 | | BALTIMORE CITY OR COUNT | Y OF DEATH | |
| eoth nerol | 5 5/ | - | COUNTRY) ILLITNOTS | USA | MARRIED NEVERA | VORCED | MONTGOMERY | | MD |
| 0/1/2 | 100 | | CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUR | SING HOME OR OTHER INST | | 120 USUAL OCCUPATION | | F BUSINESS OR |
| by the | filed | 100 | BETHESDA | | URSING HOME | | ACCOUNTANT | U.S. | GENERAL |
| 24 hav | and blue | 130 | STATE 118 NURSING HO | The or other institution give residence before the county 13c CITY or to WASHIN | own GTON, DO YES | NO | 3022 PORTER STR | | OFFICE 20008 |
| thin thin | S & | 14 F | ATHER'S NAME | | | MAIDEN NAM | NE . | | |
| red wi | puo | 1 | ISAAC | NEWTON STA | | RÅH | MARGARET | CROW | |
| xecul dec | ges 1 | 160 | WAS DECEASED EVER IN U. | ES. GIVE WAR OR DATES) | | NT SIST | | | |
| o e e | Pog | 1 | NO (IF Y | 579-60 | -1516 CHARLI | ENE KLII | NE SILVER | SPRING, | MD 20910 |
| inficote l | mooper moval. | | PART I. DEATH WAS C | ter only one cause per line (b) (ii), (b), AUSED BY EDIATE CAUSE (a) | and ig | erres | + | BETWEEN | MATE INTERVAL |
| ding | or re | | 10000 | | TIENICE OF A | 1. 1 | 1. 4.1. | | 010 11 |
| eoth | on, on | | Conditions, if any, which | DUE TO, OR AS ACONSEC | Crisseurl | ii 1 | feart deser | 2-0- | gens. |
| the o | remot remot | | gave rise to immediate cause (a), stating the | te DUE TO, OR AS A CONSEC | DUENCE OF | | | | 1 |
| thot d by | al, c | | underlying cause las | (c) | | | | | |
| equires n signe | Then pl | N O | PART 2 OTHER SIGNIFICA | ant conditions <u>contributing t</u> | O DEATH BUT NOT RELATED | TO THE TERMIN | nal disease or condition GIV | VEN IN PART 1 c | |
| on. hos bee | permit ene prio | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHI | CH OPERATION WAS PERFO | RMED | IN CERTI | S, WERE FINDIN FYING CAUSES ES [] | |
| VSICIO | 1ygur | N N | 210 ACCIDENT WAS UNDERLYIN | | 21c HOW IN | JURY OCCURRE | ED (ENTER NATHRE OF INJURY IN TEM 18 | PART OR PART 21 | |
| CIAN Physical reference | 10 7 | 6 | OR CONTRIBUTING CAUSE | | DAY YEAR | | | | |
| ding ding | Mer Mer | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY | 211 LOCATIO | N | | | |
| offen th | h ond h ond | WE | WHITE NO WHITE AT WORK | (AT HOME STREET FACTORY OFFIC | CE FARM ETC.) STREET | CI | 40 /4 | CI | HAIL |
| N O O | leolt s mo | | | hospital) attempted the deceased from | m | . 19 5 | _ to | 19 0 | that (I (www.) last |
| pito TTO | of H | | saw the deceased ali | ve on | ond that in (my) | (opinion d | eath occurred on the date and how | ui and from the | causes stated |
| hos IREC | ept ept ltem | | DE DONATION | , 2 | DEGREE | | | 22c DATE | SIGNED/ |
| AL D | detoc ote D | | W X | line Tiba | | PHYSICIAN A | MEDICAL STAFF DIRECTOR PHYSICIAN | 10 | 187872 |
| SPIT d by | 15 1 | 1 | 774 PHYSICIANISTRAME | (TYPE OR PRINT) | 27e AD PRES | S / | | 1 | |
| HO | B # 5 | | DR. J. BLAI | NE FITZJERALD() | 8218 1 | WISCONS | IN AVENUE #408 E | BETHESDA | , MD |
| 5 | 7/11/ | 23a | BURIAL, CREMATION, REMO | OVAL 236. DATE 23 | NAME OF CEMETERY OR | | 23d LOCATION | | |
| BP_ | 77 | | BURIAL | OCT10,1987 | MT. ZION CEME | ΓERY | CLAY CITY CLAY | ILLINO | DIS |
| DUME | 4 4044 7 /P 4 | 24 | UNERAL DIRECTOR FRA | ANCIS J. COLLINS, | JR. | | REC'D. BY REGISTRAR 355 REGIS | | URE |
| | 5 60M 7/B4 15, 4) | | | BLVD W SILVER SP | | 1 OCT | 13 1987, Juliane | nigon-No | i i |

| | STATE | OF | MAR | YL. |
|------------|-------|-----|-------|-----|
| DEPARTMENT | OF HI | ALI | TH AN | D |

| 069269 OCT 21 | 87 | FOR STATE REGISTRAR | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO. | | | | | | | | | |
|--|---------------|--|---|-----------------------|---------------------------------|----------------------------|---------------------------------|---|--|--|--|--|
| | | CEASED NAME FIRST | | MIDDLE | L | AST | 20 DATE OF DEATH | MONTH DAY YEAR | 26 HOUR - | | | |
| ay be death | (TYPE | E OR PRINT) Nhu | l | K | 7 | 7 u | Oct. | 18,1987 | 12:55 P | | | |
| m ma | 3 SE | Х | 4 RACE | | 5 DATE C | | & AGE (IN YEARS LAST BIRT | MONTHS DAT | | | | |
| ecto urs a | | Female | Vietn | ese | | 21 1903 | 84 | YRS | | | | |
| 2 to 2 to 2 to 2 to 2 to 2 to 2 to 2 to | | IRTHPLACE STATE OR FOREIGN COUNTRY) | 16 CITIZEN OF | WHAT COUNTRY? | 8 MARRIEI | NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF DEATH | | | | |
| deat deat | | Vietnam | Pern.R | esident | WIDOWE | DIE DIVORCED | Montgo | | MD | | | |
| offer of the t | 1 | . S . | (IF NOT IN SUC | HEACILITY GIVE STREET | ADORESS) | ROTHER INSTITUTION | 12a USUAL OCCUPATI | F WORKING LIFE) INDUSTR | OF BUSINESS OR | | | |
| ours ours | USU | AL RESIDENCE (IF NURSING HOME | OR OTHER INSTITUTION | Peppert | E AOMISSIONI | ane | Housewif | e | (3 - 2) (1 | | | |
| BALTIMORE, MARYLAND 2120 cate be executed within 24 hours ystican and campletely filled in by opers. Pages 1 and 2 should be fil woll it, the medical examines making en | 130 | STATE 136 CC | nt. | S.S. | | 13d INSIDE CITY LIMITS? | 4114 Pa | ppertree I | ane | | | |
| Thun thin 2 sh | 14 F | ATHER'S NAME | | | | 15 MOTHER'S MAIDEN NA | AME | pperere i | Jane | | | |
| MAR wand | 4 | Lap | C | Vu | | Thanh | H . | Phar | n AST | | | |
| S Col | 160 \ | WAS DECEASED EVER IN U.S. | ARMED FORCES? | 165 SOCIAL SECU | JRITY NO. | 17 INFORMANT | ADDRE | | 11 | | | |
| MOM Poge | | YES, NO OR UNKNOWN) (IF YES, (| GIVE WAR OR DATES) | 568 32 | 2669 | Huong T. | Pham (Daug) | hter)Same | as 13E | | | |
| AL RECORDS, 301 W. PRESTON ST., he low requires that the death certifution has been signed by the attending pit permit. Then please require corban a ene prior to buriol, cremofrom or remains only injury, or other traumotic every | CERTIFICATION | Conditions, if any, which gove rise to immediate cause of stating the underlying cause lost PART 2 OTHER SIGNIFICAN Pitustary 190 DATE OF OPERATION | DUE TO, O DUE TO, O DUE TO, O T CONDITIONS CO | ITION FOR WHICH | ENCE OF ENCE OF DEATH BUT | NOT RELATED TO THE TER/ | 200 AUTOPSY? YES NO | 206 IF YES, WERE FIND IN CERTIFYING CAUSE YES [| DINGS USED ES OF DEATH? | | | |
| N OF VITA | | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | DEATH HOUR A. | M. MONTH D. | AY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | RY IN ITEM 18, PART I OR PART 2) | | | | |
| JIVISION OF VG PHYSICIA attending ph free this certifi is the burnol to hond Mental | MEDICAL | 214 INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE | | | 21f LOCATION STREET | CITY OR TOW | VN COUNTY | STATE | | | |
| VITENDIA Spiral or CTOR A for use of Health | | 22a I certify that III this how sow the deceased olive above I were did did | on Oct | 18 108 | Fron on | d that in imy iour opinion | | t E 19 87 | , that (I Amerilast ie couses stated | | | |
| by the ERAL e dete | 4 | 226 PHYSICIAN S NAME (T | De s | hand | in | ATTENDING PHYSICIAN 1 | MEDICAL STAF DIRECTOR PHYSIC | F | 15-f) | | | |
| TO HOSF retoined TO FUNI should be with the | | Edward J. | Richard | s MD | | 10301 Geo | rgia Ave. | Silver Sn | ring, Md | | | |
| 8P | 23a E | BURIAL CREMATION, REMOVE BURIAL | | 23c N | NAME OF CE | METERY OR CREMATORY | 23d LOCATION SUTTUTION | | Md. STATE | | | |
| DHMH · 16 60M 7/73 (VR A 15 (4)) | 24 F | Mines Rinald | li 11800 | N e Wares Ha | | re. 250 DA | 2.0 4007 | 256 REGISJRAR'S SIGNA | THE PARTY OF THE P | | | |

S.S.Md,



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DHMH - 16 60M 7/84 (VRA 15, 4)

. 0)

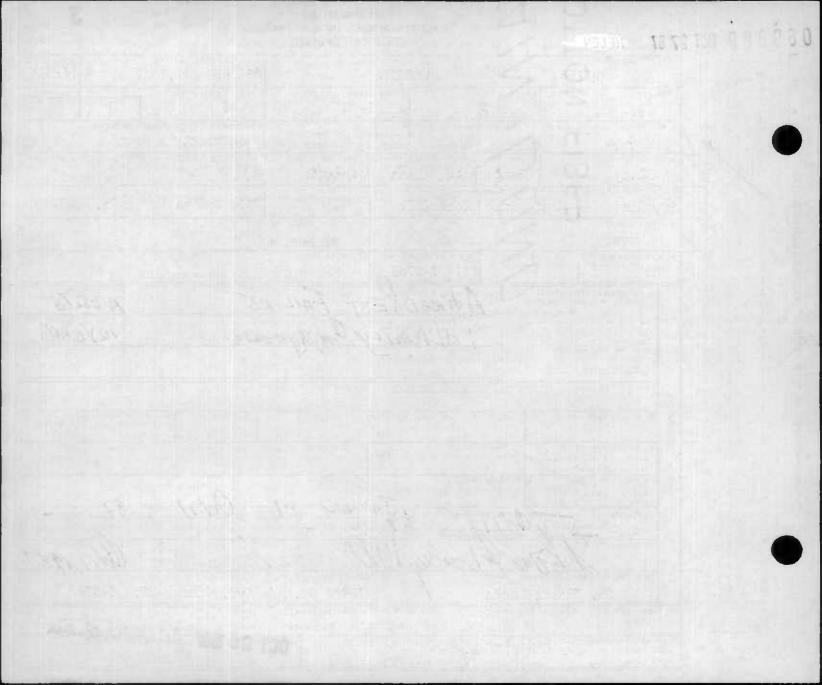
8

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYDIENE CERTIFICATE OF DEATH

| I DE | CEASED NAME E OR PRINT) HEL | FIRST | N | AIDDLE UVS | KOCIL | 20 DATE OF DEATH MONI OCTOBER 17.1 | | | | | | |
|---------------|--|-----------------------------|---|---|-------------------------|---|--|-----------------------|------------------------|-------------------------------|--|--|
| 3 SE | X | | 4 RACE 5 DATE OF | | | Y DAY YEAR | 6 AGE (IN YEARS LAST BIR | RTHDAY | IF JINDER YEAR | IF UNDER 24 | | |
| N | Female IRTHPLACE MIATEORE COUNTRY) [ew York] | U | 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED United States WIDOWED | | | | NEVER MARRIED 9 BALTIMORE CITY OR CO | | | | | |
| | Olney | | Montgo | mery Gen | eral t | or other institution Hospital | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemaker | | | ome | | |
| Ma | ryland | 136 COUNTY Monto | gomery | ROCKULL | te admissioni | 13d INSIDE CITY LIMITS? YES 🛣 NO 🗌 | 4736 POWAS | r ^{zip} rsod | se Dr./ | 20853 | | |
| | ATHER'S NAME August | | | landa | | 15 MOTHER'S MAIDEN NA FIRST Katherine | WIDDIE | | Eicho | rn | | |
| 16a V | WAS DECEASED EVER | IN U.S. ARME | | 166 SOCIAL SECT 121-01-2 | | Thomas Vysko | cil, same a | | | | | |
| | 18 CAUSE OF DEATH PART I DEATH W | H Enter only of AS CAUSED E | 3Y | 4 SVRE | DIE | SP. FAILUR | eE | | APPROXI RETWEEN O | MATE INTERVAL DINSEL ND DE | | |
| | Conditions, if any, gove rise to imm couse a statin underlying couse PART 2 OTHER SIGN | nediote g the lost | 100 | AS A CONSEQUE | NOT RELATED TO THE TERM | AINAL DISEASE OR CON | DITION GIV | 10 X | | | | |
| CERTIFICATION | 190 DATE OF OPERAT | TION | 196 CONDI | CONDITION FOR WHICH OPERATION WAS PERFORMED | | | 20a AUTOPSY? YES NO X | 20b IF YES | S, WERE FINDING CAUSES | IGS USED OF DEATH? | | |
| | 210 ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC | AUSE OF DEATH | 216 TIME OF HOUR A.A | M. MONTH D. | AY YEAR | 211 HOW INJURY OCCUR | | | | | | |
| MEDICAL | 21d INJURY OCCURE | | 21e PLACE C | OF INJURY EET FACTORY OFFICE I | - | 21f LOCATION | Q + |)) | CD | JAT | | |
| | and that the last dispersion is the body stray/death. I will be a printed by the course on the date and hour and from the courses stated above. It is a minimum to the date and hour and from the courses stated above. It is a minimum to the course of the course of the date and hour and from the courses stated above. It is a minimum to the course of the course of the date and hour and from the course stated above. | | | | | | | | | | | |
| | 274 SIGNATURE 4 | 1 Kor | w F | Cooly | Mi | | MEDICAL STA | FF CIAN [] | Of 1 | SIGNED 8 | | |
| | | Thomas | Dooley | | | 17904 Georgia | a Ave, Olne | y, MD. | . 2083 | 2 | | |
| | BURIAL CREMATION, (SPECIFY) Burial | | 21,] | 1987 St | . John | emetery or crematory 1's Cemetery | Middle Vi | | | | | |
| | uneral director Ro ethes da - Che 557 Wiscons | | Pump se, In | hrey Fun | eral I | HOme/ 25a PAT | FRECO BY REGISTRAR | | | | | |



BP.

DHMH - 16 60M 7 /84 (VRA 15, 4)

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0

| -6 | R7 REGISTRAR | | | | CERTIF | ICATE OF DEAT | Н | RFG. | NO | | | |
|---------------|-----------------------------------|--|--|---|------------|----------------------|-------------------|--|----------------------|------------------|---------------|--|
| | DECEASED NAME . | FIRST | ٨ | AIDDLE | L | AST . | | 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR | | | | |
| L | C | ARA | WAGNER. | | | | C. | 10-2-8750 | | | | |
| 3 | SEX | 4 R | ACE | | 5 DATE C | | FAR 6 | AGE (IN YEARS LAST) | BIRTHDAY | FUNDER LYEAR | HOURS MIN | |
| | temale | 9 | | hite | 3 | | 896 | 91 | YRS | | | |
| 7 a | BIRTHPLACE ATEX | OR FOREIGN 76 C | | WHAT COUNTRY? | MARRIE | D NEVER MARRI | ED 🗆 9 | BALTIMORE CITY | | | | |
| | OLANI | > | | 5. A. | WIDOWE | DIVORC | ED 🗌 | MONT | | TERY | MD | |
| 10 | CITY OR TOWN OF D | EATH 11. | | HOSPITAL, NURSIN H FACILITY, GIVE STREET | | OR OTHER INSTITUTI | | 12a USUAL OCCUPATION 12b KIND OF BUSINESS | | | | |
| _ | Rockville | | | | | er Washind | Homemak | er . | Home | | | |
| 13 | SUAL RESIDENCE (IF NI In STATE | 136 COUNTY | PHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 1 | | | | 3e STREET ADDRESS | S / ZIP CODE | | | | |
| | aryland | Montgon | gomery Rockvi | | le | YES X NO | | | rose Ro | oad (20852) | | |
| 14 | FATHER'S NAME | MIDDI | LE | LAST | | 15. MOTHER'S MAII | DEN NAMI | WIDDLE | | LAST | | |
| | Luzer | | | Schacl | | | (UN | OBTA | INAB | LE) | | |
| 160 | (YES NO OR UNKNOWN) | | R OR DATES) | 166 SOCIAL SECU | | 17 INFORMANT | | ADU | | rel, Md. | | |
| | NO | | | 106-26-1 | 607 | Leonard V | Vagne | r; Son; 12: | 3-28 Sh | | | |
| | 18 CAUSE OF DE | ATH Enter only on WAS CAUSED BY | ne cause per | line for ia , (b), ar | nd ic | | | | | BETWEEN ON | SET AND DEATH | |
| | TAKI I. DEATH | IMMEDIATE CA | | aldio 7 | ou/m | mary C | 1116 | st. | | | | |
| | | | DUE TO OF | R AS A CONSEQU | ENCE OF | | | 01 | | | / / | |
| | Conditions, if a | ny, which | | ongest | we ! | Heart | Fail | ure Ch | ronc | ATT 6 | mos/12 | |
| | gove rise to i | | DUE TO OF | R AS A CONSEQU | | | | , | | | | |
| | underlying car | se lost | 10 | 44Pert | 1514 | e Cardio | Vasc | ular dis | rasp | Mec | us. | |
| | | GNIFICANT CON | DITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE | HE TERMIN | AL DISEASE OR CO | NDITION GIVE | FN IN PART 1 a | | |
| S | | | | | | | | | | | | |
| CEPTIEICATION | 19a DATE OF OPER | RATION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | | 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? | | | | |
| 1 | | | | | | | | YES NO | | S [| NO 🗌 | |
| 100 | 210 ACCIDENT WAS I | | 216 TIME O | FINJURY M. MONTH D | AY YFAR | 21c HOW INJURY | OCCURRE | D (ENTER NATURE OF IN | IJUR I IN ITEM 18 PA | ART - CIP PART / | | |
| IV | OR CONTRIBUTING | | P./ | | 19 | | | | | | | |
| MEDICAL | 21d INJURY OCCU | JRRED | 21e PLACE | OF INJURY | EADAA STC. | 211 LOCATION | | LITY OR | IOWN | COUNTY | 1.415 | |
| 3 | ON JIHO | WHILE | , and a second | TEL PETONI OTTALE | MAN, LIC | | | | | | | |
| | 22a I certify that | 220 certify that this hospital attended the deceased from 1 = 5 19 87 to 10 - 2 19 8 7 that (we) | | | | | | | | | | |
| | saw the dece | ased plive on | w the body | after death | & T. of | nd that in (my (aur) | ppinion de | ath accurred on the | date and hour | and from the co | uses stated | |
| | 17 SIGNATUR | - / | w me oody | . 1 | 2 | DEGREE | | | | 22c DATE SH | GNED | |
| | 10001 | 1 / | 30% | 181 | 111 | D ATTEN | | MEDICAL ST DIRECTOR PHYS | AFF SICIAN [2] | 10.0 | 2-47 | |
| | 228 PHYSICIAN'S | NAME TYPE OF PRIN | 41) | 1 | 10 | 22e ADDRESS | | | _ | 1 | | |
| | LOZE | TO S. | A | LB100 | _ | 6/2/ | mo | NTZOS | E | Rd. | | |
| 23 | BURIAL, CREMATIO | N, REMOVAL 23 | Bb. DATE | 23(| NAME OF C | EMETERY OR CREM | ATORY | 23d LOCATION | | | | |
| F | Burial | 1 | 10/4/8 | 7 Ro | +h Day | vid Cemete | 200 | Elmont | тт | MOLT VOS | rle | |
| _ | | | | | | | | | | | | |
| | FUNERAL DIRECTOF | | | | | | | REC'D. BY REGISTRA | AR 256 REGISTA | | RE | |
| | FUNERAL DIRECTOR | DANZANSKY | GOLD | BERG MEM | ORIAL | CHAPELS | | | AR 256 REGISTA | | RE | |

80 TOB

ALTIMORE, MATYLAND 21201

OF VITAL RECORDS YOU W PRESTON

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

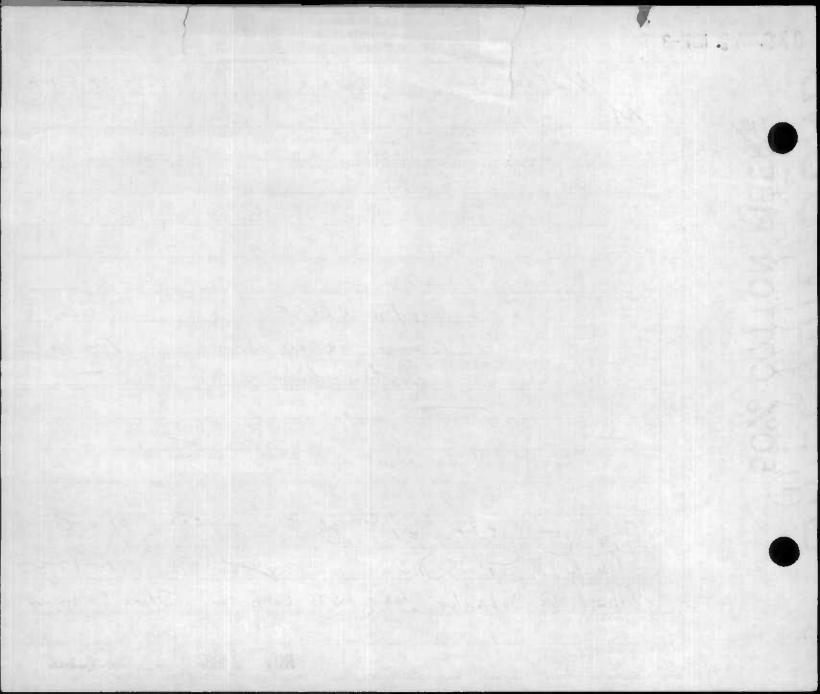
| | | The province | | | | | REG. NO | | | | | |
|----|--|--|---------------|----------------------------------|----------|---------------------------------|--|----------------|-----------------|---------------------------------|-----|--|
| | | CEASED NAME FIRST | FREE | MIDDLE | l | Walken | To Date Of Death | 10-27- | YEAR | 26 HOUR | 4 | |
| | 3 SEX | | 4 RACE | | 5 DATE C | / / - | 6 AGE LINYEARS LAST BIRTHD | AYI FUND | ER VEAG | 1 12 (R) 1 14 R | M | |
| | | MALE | CAUCAS | LAN | AUGUS | ST 23, 1922 | 65 | YRS | A+ | HOUR! MIN | 4 | |
| 1 | | RTHPLACE A RUN FOREIGN | | WHAT COUNTRY? | | NEVER MARRIED | 9 BALTIMORE CITY OR C | | EATH | | _ | |
| ~ | | RGINIA | USA | | WIDOWE | | MONTGOMERY | | | ^ | MD | |
| | 10. CI | TY OR TOWN OF DEATH | | | G HOME C | OR OTHER INSTITUTION | 120 USUAL OCCUPATION | | | BUSINESS | - | |
| 8 | SI | LVER SPRING | | CROSS HOS | | Ĺ | LOCKMAKER | | DUSTRY S POS | TAL SE | ERV | |
| | USUA 13a S | AL RESIDENCE LIF NURNING HOME O | | 130 CITY OR TOW | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / Z | | | | | |
| 5 | | 1.00 000 | GOMERY | ROCKVILI | | YES NO | 13116 DUMBAR | | IVE | 20853 | | |
| | 14 FA | THER'S NAME | MIDDLE | · A· | | 15 MOTHER'S MAIDEN NA | | | | | _ | |
| 5/ | | RITCHIE | MODI! | WALKER | | IDA | T. | | WÔC | | | |
| 1 | | VAS DECEASED EVER IN U.S. AL | RMED FORCES? | 166 SOCIAL SECU | RITY NO | 17 INFORMANT | ADDRESS | | | | _ | |
| 1 | | | -1945 | 578-22-5 | 5820 | MAE F. WALK | ER/WIFE/SAME | AS 13 | | | | |
| | | 18 CAUSE OF DEATH Enter of PART I DEATH WAS CAUST | | 1 | 1. | ARREST | | | | MATE INTERVAL NSET AND DEATH | 1-1 | |
| | | IMMEDIA | TE CAUSE (a) | (QA | 9100 | AKKES/ | | | 24 | 4des | | |
| | | Carlles () | DUE TO C | R AS A CONSEQUE | | n n Too | χ.: | | 10 - | | | |
| | | Conditions, if any, which gove rise to immediate | b)_ | (0% | Urax | ar leny | 115+05+ | | 7 | rong | _ | |
| | underlying cause last DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | - | | |
| | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART In a | | | | | | | | | | |
| | NO N | | | | | | | | | | | |
| 1 | CERTIFICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPST 206 IF YES, WERE FINDINGS USED | | | | _ | |
| 1 | TIF | Name and Address of the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Ow | | | | | YES NO YES NO NO | | | | | |
| 7 | | 210 ACCIDENT WAS UNDERLYING | 216 TIME C | FINJURY M. MONTH DA | Y YEAR | 210 HOW INJURY OCCURE | RED LENTER NAT WEST NA | TINES PART OF | PART | | _ | |
| 7 | CAL | OR CONTRIBUTING CAUSE OF DE | A110 | м | 19 | | | | | | | |
| | MEDICAL | 21d INJURY OCCURRED | | OF INJURY REET FACTORY OFFICE FA | ARM ET | 21f LOCATION | ITY OR IT WIN | 2.0 | INTY | ATE | | |
| | ~ | WHE WHILE A WERE | | | | | | | | | | |
| | | 220 I certify that It this hosp | _ 11 | deceased from | -1- | 1 onen 1 19 80 | _ 10 Oct 27 | 19.8 | / | hat wello | ost | |
| | | | view the body | after death. | | id that in (my) (our) apinion (| death occurred on the date | and hour and t | rom the c | auses stated | | |
| | | 226 SIGNATORE | 40 | 102 | 0 | DE GREE ATTENDING | MEDICAL STAFF | 27 | 21 DATES | IGNED | - | |
| | | Yunbel. | In Co | Cucy M | U | PHYSICIAN | DIRECTOR PHYSICIAN | 1 | 10 | 612 | 7 | |
| / | | 22d PHYSICIAN'S NAME (TYPE | OR PRINT) | ./ | 1.) | 22e ADDRESS | | 0.1 | | 2094 | | |
| 1 | | //10/100/ DE | X. Dos. | Michely ! | (7.1) | 137/3 (6) | J. Avs | 31/601 | 31 | 114/16 | / | |
| | | URIAL, CREMATION REMOVAL | | | | EMETERY OR CREMATORY | 23d LOCATION | COLIN | VIY | TATE | | |
| | 24 511 | BURIAL | | | | N CEMETERY | ROCKVILLE M | | | | D | |
| 4 | | | | LLINS JE | | 1 1/10/ | PREC D. BY REGISTRAR 256 | 200 | - 1 | | | |
| |)() | O UNIVERSITY B | 1.VI) W CI | LAVER SPRI | NC N | 41) /11911 11901 | V 4 1901 Junio paridos Kandallo | | | | | |

DHMH 16 60M 7 B (VRA 15, 4)

BP.

MPORTANT If Item 21 is marked or Item 18 shows any injury, ar other troumatic

TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept of Health and Mental Hygiene prior to burial, cri



068926 OCT

STATE OF MARYLAND

| | 9 8 | FOR STATE TEGISTRAR | | | DEP. | | EALTH AND MENTAL HY | | REG NO | | | |
|---|---------------|--|--|--|-------------------------------------|---------------------|---|----------------------|-------------------------------------|----------|--------------------------|----------------------------------|
| | | EASED NAME OR PRINT! | ins Ja | mes | L. | WA | Walthall, J | h | 10 | 13 | 87 | BU A M |
| | 3 SEX | MALE | | Whi | 18 | S DATE C | | 63 | N YEARS LAST BIRTHDAY | YRS | UNDER TYEAR | HOUR' MIN |
| 5 | C | RIHPLACE HATE OR F OUNTRY) Virginia | | United | State: | MARRIEI WIDOWE | D DIVORCED | m | SOF GOM | Ely | Co. | MD |
| 7 | 51 | VER Speir | 19 | HO U | POS. | S HOSE | or other institution | (TYPE OF W | ALOCCUPATION PORK FOR MOST OF WORLD | | INDUSTRY | epartment |
| 1 | 13a S | aryland | Montgo | 1 | 130 CITY OR Silver | TOWN | 13d INSIDE CITY LIMITS? YES NO 🗌 | 1180 | TADDRESS / ZIF 7 Renick | | e / 2 | 0904 |
| 7 | 16a W | THER'S NAME FIRST James (AS DECEASED EVER ES NO OR UNKNOWN) | | D FORCES? | althal | | TS MOTHER'S MAIDEN N FIRST Edith TO INFORMANT | IAME | ADDRESS | H | Crock | |
| | | Yes 18 CAUSE OF DEAT PART I DEATH W Conditions, if ony, | M (Enter only AS CAUSED) IMMEDIATE | BY CAUSE (0) | - | negati EQUEDE OF | ve factriil | Jense Wit | Same a | s 13 | APPROXI BETWEEN (| MATE INTERVAL ONSET AND DEATH |
| | Z | gove rise to immoved to stating underlying couse PART 2 OTHER SIGN | g the lost | (10) | R AS A CONS | | Myas t | henic RMINAL DISE | CTISI ASE OR CONDITIO | on given | IN PART 1 | o |
| 2 | CERTIFICATION | 19a DATE OF OPERA | TIÓN | THE COND | ITION FOR W | HICH OPERATIO | N WAS PERFORMED | 20a AL | IN | | WERE FINDIN NG CAUSES | |
| | MEDICAL CER | 71a ACCIDENT WAS UNION CONTRIBUTING (IF ELIMER NOTIFY MEDI 21d INJURY OCCUR) WHILE NOTE NOTIFY THE NOTIFY ABOVE NOTE NOTIFY THE NOT | AUSE OF DEATH | P PLACE INTRODUCTION OF THE PLACE INTERPOLE IN | M MONTH M Of Pupulity HTT record of | (m 12) | 211 LOCATION 19 P2 nd that in(my) (our) opinio DEGREE ATTENDING PHYSICIAN | on death accu | CITY OR TOWN | n 19 | COUNTY | |
| | | JUEL | 6000 | H | | | 4701 RANDO | OLPH | / | Cicri | LLED | Mo |
| | | URIAL, CREMATION, SPECIFY) Cremation | REMOVAL | 236 DATE 10-14 | 1-87 | | emetery or crematory litan Cremato | ory A | CATION CITY OF TOWN Lexandria | | county Virgin: | ia |
| | | NERAL DIRECTOR NAME O. Box 4 | | | op, Inc | | Toh | | Y REGISTRAR 756 | Deride. | AR'S CONTRACT | |

DHMH 16 60M 7/84 (VRA 15, 4)

BP_

068508

rrector page 3

IMPORTANT If Item 21 is marked or Item 18 shows pay injury, or other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the etained by the hospital or attending physician.

BP.

DHMH = 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, after this certificate has been signed by the should be detacked for use as the buriol-transit permit. Then please removed the State Dept. of Health and Mental Hygiene prior to burial, crema

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HEGIENE

| | | FOR STATE OF GISTRAR | | | DEPAR | | EALTH AND MENTAL F | HY GIENE | REG N | 0 | | |
|---|---------------|--|-------------|------------------------------|--|-------------|----------------------------------|--------------------|--|----------------|------------------------------|----------------------|
| 3 | 1 DEC | CEASED NAME | FIRST | | WIDDLE | I | AST | 20 D/ | ATE OF DEATH | MONTH | DAY YEAR | 26 HOUR |
| | TITPE | | AUL | A | NTHONY | W | ALZER | | OC | TOBER | 7,1987 | 9:10Pm |
| | 3 SEX | Χ | | 4 RACE | | 5 DATE C | | 6 AGI | E LIN YEARS LAST BIR | THDAY) | IF UNDER LEFAR | IF UNE (R. 4 HR) |
| | MA | ALE | | | 3 / | APRI | L 19 1910 | 0 77 | | YRS | NUN'II JAI | HC R MIN |
| 2 | 7a. BII | RIHPLACE I LATE OR FO | DREIGN | 76. CITIZEN OF | WHAT COUNTRY | ? 8 | - EZ AJEVED MADDIED | 9 BAI | TIMORE CITY C | | OF DEATH | |
| | MAS | SSACHUSETTS | 3 | USA | | WIDOWE | DIVORCED | 1 34 | ONTGOME | RY | | MD |
|) | | TY OR TOWN OF DEAT | | (IF NOT IN SUC | HOSPITAL, NURS CH FACILITY, GIVE STRE LANSDOWN | ET ADDRESS) | OR OTHER INSTITUTION | (TYPE | SUAL OCCUPAT OF WORK FOR MOST OF TIMATOR | | E) INDUSTRY | BUSINESS OR PRINTING |
|) | | AL RESIDENCE (IF NURSII STATE RYLAND | | OTHER INSTITUTION NTY GOMERY | GIVE RESIDENCE BEFO 136. CITY OR TO SILVER | | 13d INSIDE CITY LIMITS YES NO | 32 13e ST | reet address 08 LANSD | | OFF: | |
| | 14 FA | JOSEPH | | WIDDLE | WALZER | | 15. MOTHER'S MAIDEN ANNA | INAME | WIDDLE | | HOFFM | |
| | 16a V | VAS DECEASED EVER | | MED FORCES? | 166 SOCIAL SEC | CURITY NO | 17 INFORMANT | 7 1 11 | ADDR | SS | | |
| | () | YES NO OR UNKNOWN | WWI | | 014-03- | -6758 | VIRGINIA I | H. WA | LZER/WIF | E/SAMI | E AS 13 | |
| | | 18 CAUSE OF DEATH | Enter or | ly one cause per | line for (a), (b), c | and Ich | | | | | BETWEEN | NATE INTERVAL |
| | | PART I. DEATH WA | | D BY TE C AUSE (0) | Cass | 6. B | c251312 | 2/1 | FRREG | T | 54 | |
| | | Conditions, if ony, gave rise to imm | ediote | (b) | R AS A CONSEQ | ((1) | deurel | | | | 145 | 2 |
| | | underlying cause | | DUE TO, O | r as a conseo | UENCE OF | | | | | | |
| | NO | PART 2 OTHER SIGN | IFICANT (| | ontributing IC | DEATH BUT | NOT RELATED TO THE TE | ERMINALD | ISEASE OR CON | DITION GIV | EN IN PART 1 a | |
| 1 | CERTIFICATION | 190 DATE OF OPERAT | ION | 196 COND | ITION FOR WHIC | TH OPERATIO | N WAS PERFORMED | 20a | AUTOPSY? | | , WERE FINDIN YING CAUSES | |
|) | | 210 ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTION OF THE ORIGINAL CONTRIBUTION OF THE OR | AUSE OF DEA | ALITI | DE INJURY .M. MONTH .M. | DAY YEAR | 21c HOW INJURY OCC | CURRED (E | NTER NATURE OF INJE | RY N 18 M 18 P | ART HPART, | |
| | MEDICAL | 21d INJURY OCCURR | | | OF INJURY REET FACTORY, OFFICE | FARM ET() | 211 LOCATION | | (ITY OF TO | IWN | COUNTY | TATE |
| | | 27a certify that (1) sow the decease above of twelled | d alive on | 910 | 2/8/19 | | nd that in (my) (our) opin | to nion death o | occurred on the d | ote and hou | | hat (I {we last |
| | | 771 Sperix high | | (| oner deom | 24. | DEGREE ATTENDING PHYSICIAN | | HEAL STA | | 22c DATE : | SIGNED > |
| | - 6 | 224 PHYSICIAN'S NA | ME (TYPE C | PRINT) | | | 22e ADDRESS | | | | | |
| | | DR. LAVI | INE | | | | 9801 GEORG | IA AV | ENUE SIL | VER SI | PRING, N | 1D |
| | | BURIAL, CREMATION, F | REMOVAL | 236 DATE | 230 | NAME OF C | EMETERY OR CREMATOR | RY 23d | LOCATION | | wikits | 1411 |
| | | BURIAL | | OCT10 |),1987 WI | EST AUG | GUSTA CEMETE | ERY W | . AUGUS | TA AU | IGUSTA | VIRGINIA |
| | 24 FL | JNERAL DIRECTOR | FRANC | CIS J. (| COLLINS, | JR. | 250 1 | DATE REC'U | BY REGISTRAR | 256 REGIST | RAR'S SIGNATI | JRE |
| | 50 | 0 UNIVERSI | TY BI | LVD W SI | LLVER SPI | RING. | MD 20901 | CT 1 ! | 3 1087 | Julia Da | vidon-Ro | ndett |

BP.

DHMH 16 60M 7/84 (VRA 15, 4)

071102 NOV

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

| | | CEASED NAME CORPRINT | ANC | anche | WIDDLE | IASS | Wasserman / MAN | 20 DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR |
|---------------|---------------|--|------------------------|-----------------------------|-----------------------------|--------------------|------------------------------|----------------------------|--------------------------------------|------------------------|----------------------------------|
| | 3 SE | X | 14 | RACE | | 5 DATE C | OF BIRTH | 6 AGE TIN YEARS LAST BIR | THDAY IF | MI ER I YEAR | IF C NIDER J & CIRC |
| | 0 02 | | | | 73 | MONTH | DAY YEAR | 82 | NON | III DAT | HL R MN. |
| | 70 B | Female IRTHPLACE IS ATECRE | OREIGN 7 | | Thite WHAT COUNTRY? | | 9, 1905 | 9 BALTIMORE CITY O | P COUNTY OF | DEATH | |
| Sasc | | COUNTRY | , | | | MARRIE | NEVER MARRIED | AAA | = 11-6 | 0.1 | |
| d === | 10 C | New York | TH 1 | | States | WIDOWE | DIVORCED DIVORCED | 120 USUAL OCCUPATI | ON | _ | BUSINESS OR |
| notifie | | Rockville | | (IF NOT IN SUC Hebrew | Home of | address) Greate | er Washington | Homemake: | F WORKING LIFE | Own I | |
| r must be | 13a S | AL RESIDENCE (IF NURSI STATE aryland | NG HOME OR COUNT | Υ | 13c. CITY OR TOW Rockvil | /N | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS / | | ad / 2 | 0852 |
| o u | 14. FA | ATHER'S NAME | | IDDLE | IAST | | 15. MOTHER'S MAIDEN NA | ME MIDDLE | | LAST | |
| 6/ | | Isadore | | | mkowitz | | Betty | MIDDE | (Una | availa | ble) |
| E | | WAS DECEASED EVER YES NO OR UNKNOWN) NO | | ED FORCES? WAR OR DATES) | 166 SOCIAL SECT | | 17 INFORMANT Gloria Cetro | | onvento | Terra 22031 | се |
| 4 | | 18 CAUSE OF DEATH | 1 (Enter only | one cause per | line for a . (b .or | d icili _ | | | | APPROXIM BETWEEN OF | ATE INTERVAL |
| vent | | PART L DEATH W | AS CAUSEÓ EMMEDIATE | BY | SEP- | TIC | EMIA | | | 1 (1) | ITEL |
| her froumatic | | Conditions, if any, gove rise to imm cause 10 stating underlying couse | nediote g the |) b)_ | R AS A CONSEQUE | RATIO | N PNEU | MONITIS | 5 | _ | |
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| injury, | NOI | PART 2 OTHER SIGN | IIFICANT CO | DI A | 3 ETES | DEATH BUT | NOT RELATED TO THE TERM | IN AL DISE ASE OR CONI | DITION GIVEN | IN PART I a | |
| 2 Sony | CERTIFICATION | 190 DATE OF OPERAT | ION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? YES NO X | 206 IF YES, W IN CERTIFYIN YES | | |
| rem 18 s | | OR CONTRIBUTING C | AUSE OF DEAT | 216 TIME O HOUR A. | M MONTH D | AY YEAR | 21c HOW INJURY OCCURI | RED (ENTER NATURE OF INJUR | Y IN I'EM 8 PAR | OR PAR | |
| 0 - | MEDICAL | 21d INJURY OCCURR | ED | 21e PLACE | OF INJURY | ADM STC I | 211 LOCATION | CITY OR TO | NN | COUNTY | MIATE |
| rkeo | ≥ | AT WORK AT WOR | i E | TAI NOME ST | LET TACIONI OFFICE | MAIN ETC. | 11 0 | 7-1 | 1 | | |
| 21 15 то | | 22a I certify that (1) sow the decease above, (1) (we lid | d alive on_ | 10136 | 195 | lan | d that in (my) (our) apinion | deoth occurred on the do | in and hour an | | nat (we) last auses stated |
| UT If Hen | | 226 SIGNATURE | XV | Samo | 2 | M | DEGREE ATTENDING PHYSICIAN | MEDICAL STAF | | 103 | IGNED 87 |
| MPORTANT # | | 22d PHYSICIAN'S NA | ME HANGE OF |)AT(| 31 | | 6(2) MUI | JROSE | RD, R | Locki | ILLE MO |
| ≤ 19 | | BURIAL, CREMATION, I | REMOVAL | 23b DATE | 23 _c 1 | NAME OF CI | EMETERY OR CREMATORY | 23d LOCATION | | OUNTY | TIALE |
| _ | | Buria | | 11-2-8 | - 1 | . Leb | anon Cemetery | Glendale | | | TATE |
| 7 / 84 | | UNERAL DIRECTOR | Gram | ercy Ch | napels | | 250 DAT | E REC'D. BY REGISTRAR | 256 REGISTRAR | 'S SIGNATU | RE |
|) | | 152 2nd Av | enue, | New Y | ork, NY | 1000 | JVUV | 0 6 1987 | E. Kinds | . 70. | |

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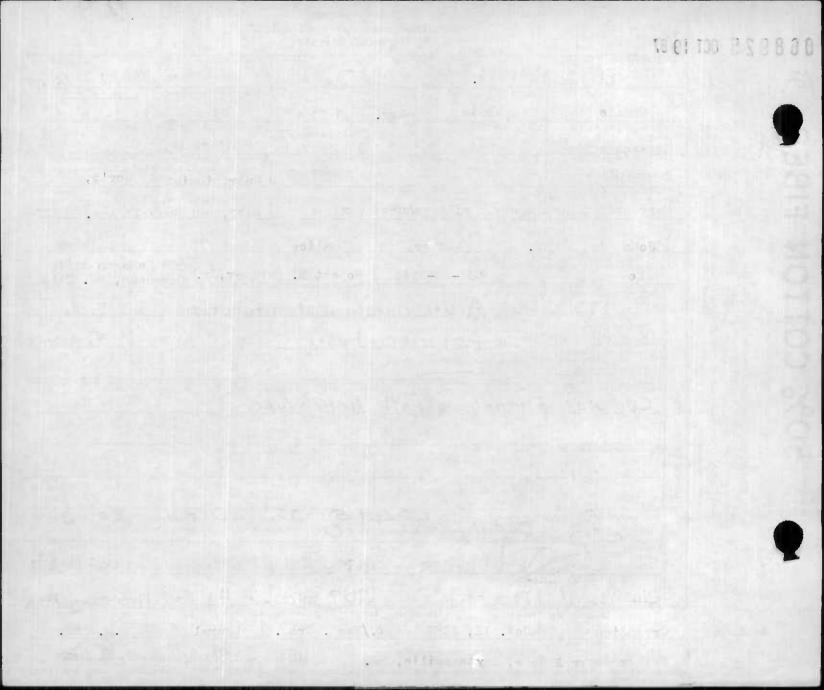
TO FUNERAL DIRECTORING Should be detached with the State Dept of HELL MPORTANT If Hem

DHMH 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 19 8 | STATE PEGISTRAR | | | | CERTIF | ICATE OF | DEATH | R | EG NO | | | | |
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| | | | abeth | 1 | М. | į | water | 1 | | 10 | 11 | 87 | 10 | 30 M |
| 1 | 3 SEX | | | 4 RACE | | 5 DATE C | OF BIRTH | | 6 AGE IN YEARS | LAST BIRTHDAY) | IF IN | INFR FAR | IF SER | are |
| 1 | | Female | | Wh | ite | Aug | | 1902 | 85 | YR | S | | Inc. K | MIN |
| 4 | | RTHPLACE IN ATE DES | · RENJ. | 76 CITIZEN OF | WHAT COUNTRY? | 9 | | MARRIEDXX | 9 BALTIMORE | | | DEATH | | |
| S | | assachuset | ts | TI TI | SA | WIDOWE | | NORCED T | mon | ymar L | | | | MD |
| | | TY OR TOWN OF DEA | | 11. NAME OF | HOSPITAL, NURSIN | G HOME C | | | 120 USUAL OCE | UPATION | | 26 KIND O | F BUSINE | SSOR |
| 4 | 3 | aithers burg | | W' & SU | THE STREET | MDDRESS) | 220 | · ~ 1 | Nutriti | most of working | | ov t. | | |
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| 4 | | aryland | | gomery | Gaithers | _ | YES X | NO 🗆 | #427. 4 | | | A | 205 | 77 |
| 1 | | THER'S NAME | | | | | | S MAIDEN NA | ME | | sell | Ave | | 11 |
| 8 | | FIRST | | MIDDLE | tast | | | A T = n = | MI | DDIE | | Sh: | nten | |
| 4 | 160 W | John AS DECEASED EVER | IN U.S. AR. | MED FORCES? | Wat e | | 17 INFORM | Alice | | ADDRESS | | | pton | |
| 1 | { * | No OR UNKNOWN | (IF YES GIV | F WAR OR DATEST | 033-28-9 | 542 | Rohe | rt D. M | arinerI | 608 | McMa | agan | Driv | e |
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| 1 | | PART I DEATH W | 'AS CAUSE | ly ane cause per D BY | A C | | 0000 | deal m | n Cuart | 1 | - | BETWEEN | DNSET AND | DEATH |
| | 2 | | IMMEDIAT | E CAUSE (a) | DCALE | 1119 | Dear | nai 11 | nfarct | 1019 | | | a. | |
| | | | | DUE TO, O | R A CONSEQUE | NCE OF | deros | -1 | | | | 5 | 110 | |
| | | Canditians, if any, gave rise to imm | nediate | (b)_ | 121.1.81 | 1020 | 1610 | 10 | | | | | 90 | 40 |
| | | cause a statin | | DUE TO, O | R AS A CONSEQUE | NCE OF | | | | | | | | |
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| | Z | COCALS | NIFICANIC | 112 | ONTRIBUTING TO D | 2 H | 5 | 1 | | CONDITION | GIVEN I | V PART 1 | | |
| | CERTIFICATION | 190 DATE OF OPERAL | LION | 196 COND | TUDS/S L | OPERATIO | | 7) P/39 | 200 AUTOPST | 20b IF | YES. WE | RE FINDIN | NGS USET |) |
| 7 | FIC | | | | | | | | | IN CEI | RTIFYING | CAUSES | OF DEAT | H? |
| Н | ERT | 71a ACCIDENT WAS UNE | DERLYING F | 216 TIME O | F INJURY | _ | 121c HOW II | VIURY OCCUR | SED LENIER NO. MI | DE INCHES IN EAS | YES _ | DR CARL DI | NO [| |
| | | OR CONTRIBUTING | AUSE OF DEA | TH HOUR A. | M. MONTH DA | | | | 11.4 (- 12 | <i>y</i> , 14) 11 14 17 | 0 - 20 | | | |
| | MEDICAL | 21d INJURY OCCUR | | 21e PLACE | | 19 | 21f LOCAT | ION | | | | | | |
| ı | ME | AT A SEK AT A CHOR | | | REET FACTORY OFFICE F | ARM ETC | TREE | 1 | .01 | Y OR TO WIN | | DUNTY | | TATE |
| | | | | | | 5/ | 200 5 | 75 | | 1 11 | | 07 | . ^ | |
| 1 | | 220 I certify that | | | | 27 | od that in Su | Daur aninon | death accurred an | the date and | 19_ | - ' | that O(v | |
| 1 | | saw the decease abave () (we (to 27b SIGNATURE | did did no | t view the bady | ofter death | | DEGREE | oo, opinion | deam accorred as | The date and | noor and | | | nea |
| | | 276 SIGNATURE | - | DIO | 10 - | | DEGREE | ATTENDING | MEDICAL | STAFF | | 22c DATE | | |
| _ | | 22d PHYSICIAN SAL | am | | Von | 2 | Mo | PHYSICIAN I | | | | 10- | -//~. | 87 |
| 1 | | 1. | ME TIMPEO | 100 | 1 | | 22e ADDRE | | 1 0 | | 1. | | | |
| | | Vames | 14. | MOC | re-Ir. | | 1001 | | kes Au | e Gai | the | ecstu | 154 | nd |
| | | URIAL, CREMATION | REMOVAL | 236 DATE | 23c N | | | CREMATORY | 23d LOCATIO | N)wn | 108 | UNTY | ~ | ATF |
| | | Cremation | | Oct. | 12, 1987 | Balt | ./Wash | . Crem. | | | | P.G. | Md. | |
| | | INERAL DIRECTOR | | | ADDRES | | | 250 DAT | 4 6 1097 | TRAR 256 REC | SISTRAR | SSIGNAL | LIRE | 1 |
| | F | Barber Fun | eral | Home, La | aytonsvil | le, M | ld. | 111 | 1 0 1301 | Mila L |) Coldes | 2. Kan | MARINE" | |



10. UNERAL DIRECTOR. After this certificate has been signed by the attending physician and ca 14. chiached for use as the burial-transit permit. Then please remove carban papers. Pages 1 — In this time Dept of Health and Mental Hygiene prior to burial, cremation, or remayal.

BP.

DHMH 16 60M 7 84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

| | FOR STATE REGISTRAR | | | DEFARIN | | EALTH AND MENTAL HYG ICATE OF DEATH | | | | |
|-----------------------|--|---|---|--|---|--|--|--|--|---|
| M M F | CEASED NAME | FIRST | | MIDDLE | | AST . | REG. NO | | CLAY YEAR | 26 HOUR |
| | OR PR NI | | THAN WA | | | | OCTOBER 2 | | 7 | 9:56 |
| 3 SEX | X | 4 | RACE | | 5 DATE C | OF BIRTH | 6 AGE (IN YEARS LAST BIR | | IF INDER SEAR | IF NUER : + |
| | MALE | | CAUCAS | | FEBR | UARY 20 1902 | 85 | YRS | W N III | MI MI |
| (| RTHPLACE TSTATE ORE COUNTRY) ISSOURI | | | STATES | MARRIEI WIDOWE | NEVER MARRIED | 9 BALTIMORE CITY O | | OF DEATH | |
| _ | BETHESDA | | 1. NAME OF I | | IG HOME O | R OTHER INSTITUTION | 12a USUAL OCCUPATI | ION | | F BUSINESS |
| 13o S | AL RESIDENCE HE NURS STATE RYLAND | 136 COUNT | THER INSTITUTION | | ADMISSION) | 13d INSIDE CITY LIMITS? YES NO X | 13e STREET ADDRESS A | | | 2081 |
| 14 FA | ATHER'S NAME | | IDOLE | LAST | | 15 MOTHER'S MAIDEN NA | | | LAS | |
| | | | WATSON | | | Mary | Agnes | 3 | Bren | |
| 16a V | VAS DECEASED EVER | IN U.S ARM | ED FORCES? | 166 SOCIAL SECU | IRITY NO | 17 INFORMANT | ADDRE | | 102.611 | |
| (| YES NO OR UNKNOWN) | (IF YES GIVE V | -1964 | 213-38- | | JANET C. WAT | SON,6016 CA | IRN T | | ETHESD MATE INTERVAL DISET AND DEA |
| | 18 CAUSE OF DEATH | /AS CAUSED | | | | | | | | |
| ERTIFICATION | Conditions, if ony, gove rise to imm couse to, statin underlying couse PART 2 OTHER SIGN 199 DATE OF OPERA | /AS CAUSED IMMEDIATE , which mediate ig the lost NIFICANT CC | DUE TO, OI DUE TO, OI DUE TO, OI (c) DUDITIONS CO | R AS A CONSEQUE R AS A CONSEQUE DITING TO C | ENCE OF | NOT RELATED TO THE TERM N WAS PERFORMED | 200 AUTOPSY2 YES NO X | DITION GIV 20b IF YES IN CERTIF YE | S, WERE FINDIN FYING CAUSES | IGS USED |
| AL CERTIFICATION | PART I DEATH W Conditions, if ony, gove rise to imm cause to imm cause to imm cause to staffin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a ACCIDENT WAS UNIT OR CONTRIBUTING (1) | AS CAUSED IMMEDIATE , which mediate and the lost NIFICANT CO | DUE TO, OI DUE TO, OI DUE TO, OI DUE TO, OI (c) DIDITIONS CO 196 CONDI 216, TIME O HOUR A. | R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH DA | ENCE OF DEATH BUT OPERATION | NOT RELATED TO THE TERM | 200 AUTOPSY2 YES NO X | DITION GIV 20b IF YES IN CERTIF YE | S, WERE FINDIN FYING CAUSES | NGS USED OF DEATH? |
| MEDICAL CERTIFICATION | Conditions, if ony, gove rise to imm couse ID. statin underlying couse PART 2 OTHER SIGN 19g DATE OF OPERA | AS CAUSED IMMEDIATE , which mediate ig the lost NIFICANT CO TION DERTYING CAUSE OF DEATH (ALEXAMINER) RED | DUE TO, OI DUE TO, OI DUE TO, OI CONDITIONS CO TIBLE TIME O HOUR A. P. TIE PLACE | R AS A CONSEQUE R AS A CONSEQUE DITION FOR WHICH OF INJURY M. MONTH DA M. | ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 | NOT RELATED TO THE TERM N WAS PERFORMED | 200 AUTOPSY2 YES NO X | 20b IF YES IN CERTIF YE FY IN THEM SEE | S, WERE FINDIN FYING CAUSES | IGS USED OF DEATH? NO |
| | PART L DEATH W Conditions, if ony, gove rise to imm cause of statin underlying cause PART 2 OTHER SIGN PART 2 OTHER SIGN PART 2 OTHER SIGN PART 2 OTHER SIGN PART 3 OTHER SIGN PART 4 OTHER SIGN PART 4 OTHER SIGN PART 5 OTHER SIGN PART 6 OTHER SIGN PART 6 OTHER SIGN PART 6 OTHER SIGN PART 6 OTHER SIGN PART 6 OTHER SIGN PART 6 OTHER SIGN PART 6 OTHER SIGN PART 6 OTHER SIGN PART 6 OTHER SIGN PART 6 OTHER SIGN PART 6 OTHER SIGN PART 6 OTHER SIGN PART 6 OTHER SIGN PART 6 OTHER SIGN PART 6 OTHER SIGN PART 7 OTHER SIGN PA | AS CAUSED IMMEDIATE , which mediate ng the lost NIFICANT CC TION DERLYING CAUSE OF DEATH (ALEXAMINER) RED (this hospital ed alive on did) (did not) AME (TYPE OR 6 | DUE TO, OI DUE TO, OI DUE TO, OI DUE TO, OI (c) DIDITIONS CO 196 CONDITIONS CO 216, TIME OI HOUR A. P. 21e PLACE (LAT HOME STE VIEW the body | R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH DA M. MONTH DA M. PRET FACTORY OFFICE F. Ge deceosed from 3ER 26.19 offer depth | OPERATION AY YEAR 19 ARM ETC. | NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCURE 216 LOCATION STREET DBER 22 19 87 Ind that in (my) (our) opinion of the physician of the phy | 200 AUTOPSY? YES NO X RED (ENTER NATURE OF INTI) 10 OCTOBE | DITION GIV 20b IF YES IN CERTIFE YES FY IN 11EM B. F. | S. WERE FINDING CAUSES S. DEPART OF PART. 19.87 19.87 19.00 DATE 27. DATE | NGS USED OF DEATH? NO ITAIL that (I) (we couses stated |

OCT 30 1987 ALL CHARLES

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menana 20/29/87 Artimetencem

069 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BALTIMORE MARYLAND 2120 TO FUNERAL DIRECTOR should be detoched for with the Stote Dept. of He intend Amint Hydrone provide MPORTANT If Hem 21 minuted or her because the TO HOSPITAL OR ATTENDING PROJECTANTIAL retoined by the hospital or time date party con-

BP.

DHMH 16 60M 7/8 (VRA 15, 4) FOR STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

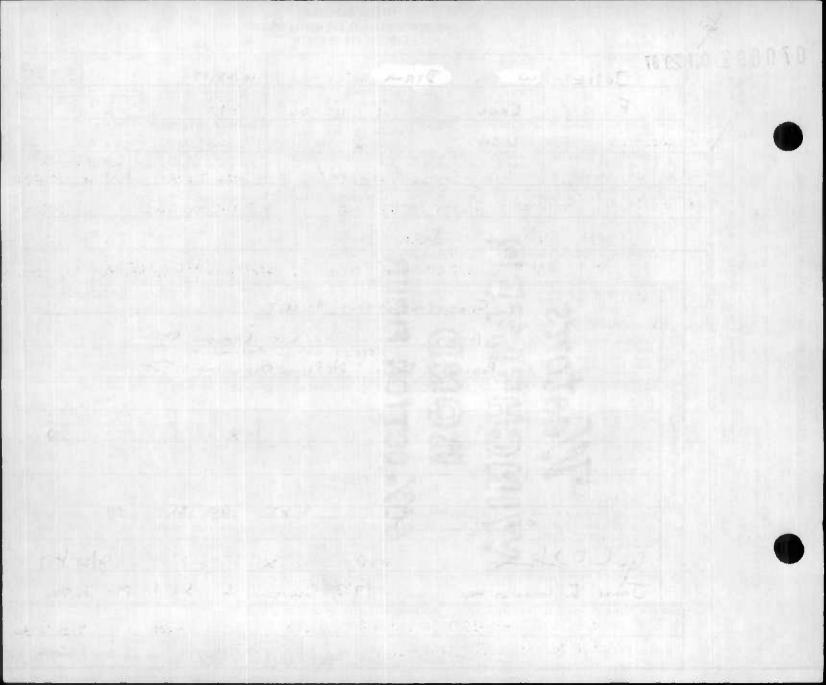
| a do | 7 REGISTRAR | | CERTIFICATE OF | DEATH | REG NO | | | |
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| 4 DE | CEASED NAME FIRST | MIDDLE | IAST | | 20 DATE OF DEATH | MONTH DAY | YEAR 2 | HOUR |
| | ALICE | E. | WEBS | TER | | 10 13 | 87 | 9000 |
| 3 SE. | FEMALE | BLACK | 5 DATE OF BIRTH | 00 | AGE LINYEARS LAST BIRT | VONTH | | OURS MIN |
| 70 81 | IRTHPLACE I STATE OR FOREIGN 7h | CITIZEN OF WHAT COUNTRY? | 7 // | | BALTIMORE CITY OF | YRS | EATH | |
| 10.0 | YARYLAND! | U.S.A. | | MARRIED | MONT | SOM | ERY | MD |
| 5 | Ner Spring | 1. NAME OF HOSPITAL, NURSIN (IF ACT IN SUCH FACILITY SIVE STREET) | S HOSPit | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF | | | BUSINESS OR |
| 130 5 | STATE Md. 136 COUNT | THER INSTITUTION FIVE RESIDENCE BEFORE Y 134, CITY OR TOW UNDEAT | FON YES | NO 🗆 | 30 STREET ADDRESS | DIP CODE LA | ine/ | 20902 |
| 14 FA | Kobert T | Dodson | / IS MOTHER | S MAIDEN NAMI | e PAI | rker | TAST | |
| | NAS DECEASED EVER IN U.S. ARMI YES NO OLUMBIAN (IF YES GIVE V | | -9/15 Clare | ence We | bster Jr | 105 / M/ASh.J | 1115500 1. C. 20 | on Ave |
| | 18 CAUSE OF DEATH Enter only PART I DEATH WAS CAUSED IMMEDIATE | BY | Lasence | ilter | y ass | et - | APPROXIMA BETWEEN ONS | TE INTERVAL SET AND DEATH |
| z | Conditions, if ony, which gave rise to immediate cause in stating the underlying cause last | DUE TO, OR AS A CONSEQUE b) DUE TO, OR AS A CONFOUNT DIVIDITIONS CONTRIBUTING TO E | terrore | O TO THE TERMIN | ALLIAN NAL DISEASE OR CONE | E DITION ON THE | HAVE VII | 5 |
| CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFO | DRMED | 200 AUTOPSY? | 20b IF YES, WEI | CAUSES OF | S USED F DEATH? |
| MEDICAL CERT | 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (FETHER NOTIFY MEDICAL EXAMINER) | 216 TIME OF INJURY HOUR A.M. MONTH DA P.M. 216 PLACE OF INJURY | YEAR 19 211 LOCATI | | D LENTER NATURE OF INJUR | | | |
| ₩. | WHILE NO! WHILE A! WORK | (AT HOME STREET FACTORY OFFICE F | | | ITY OR TOV | VN (| OUNTY | STATE |
| | 220 certify that (1) (this hospital saw the deceased alive an above (1) (we) (did) (did not) | Oct - 13 19 4 | | (our) opinion de | eath occurred on the do | | from the car | |
| | 27b SIGNATURE | Dullner | DEGREE N P 220 ADDRE | | MEDICAL STAF | | 10/13 | 187 |
| 72- | ALBERT H | 1- GROLCHAI | U. 1100 | 5 944 | mg 94. 4 | May | Jun | 1980 |
| | Burial | 70 37 05 - | vame of cemetery or ate of Hea | / | Silver | Spring | , Mon | tg. MD |
| | UNERAL DIRECTOR | ADDR | MD 000 | 250 DATE | | SEGISTRAR'S | SIGNATUR | E |
| G | eorge R. Snow | den RockVill | Le, MD 208 | 20 001 | 1 9 1987 | Julia Dan | don Par | dies |

18 63 730 A C C C 3 3 4 PARKAND U.S.A. * LOUTSONERY Kebert Tedson Rade Parton

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

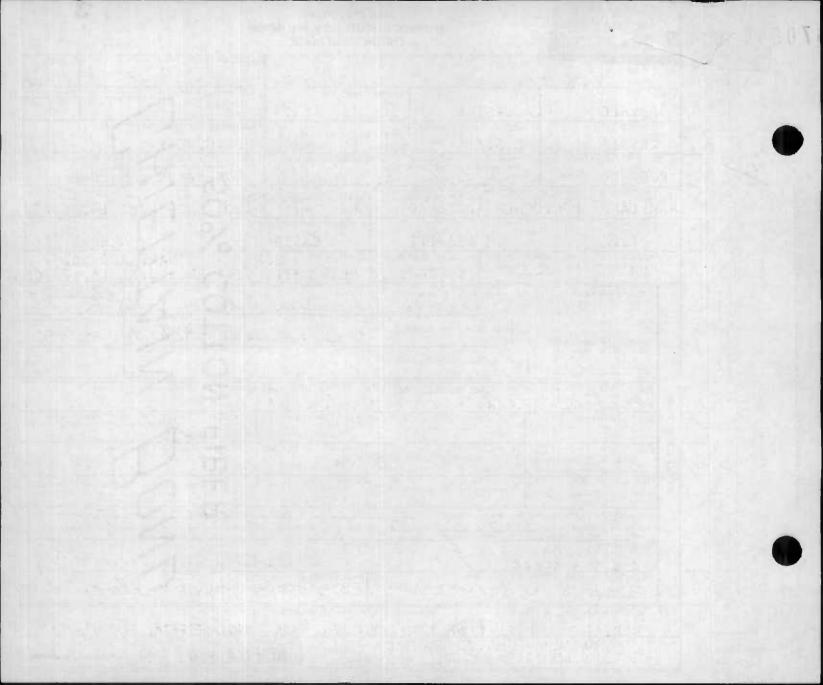
| 0 0 0 | 2 00 | - | | REGISTRAR | | | TOTAL OF DEATH | reg no | | |
|--------------------|-----------------------------|-----|---------------|--|---|-----------|-------------------------------------|----------------------------------|---------------------------|------------------------------------|
| กกลิ | 2 00 | 112 | 3 | RINTI | WIDGIE | L | AST | 20 DATE OF DEATH M | MONTH DAY YEAR | 2h HOUR |
| , be | eoth | | | JOSIE | В. | awa. | Welch | 10/25/87 | | 5:52/m |
| 0 0 | è | 3 | SEX | | RACE | 5 DATE C | | 6 AGE (IN YEARS LAST BIRTH | | |
| ge 4 | rs of | П | | F | CANC | MONTH | DAY YEAR | 81 | YRS VATS | MOUN'S MIN |
| Pog Pi | 10/ | 7 | | | TE CITIZEN OF WHAT COUNTRY? | 8 | | 9 BALTIMORE CITY OR | | |
| eath neral | 12 75 | 5 | Lo | uisiana | ALU | WIDOWE | DE NEVER MARRIED DE | 100 Lyone | in Counte | 7 MD |
| e to 0 | d b | 1 | 0 CI1 | Y OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 120 USUAL OCCUPATIO | WORKING LIFE) 125 KIND (| OF BUSINESS OR |
| s after | 多數 | < | 5. | Ver Spring | HE NOT IN SUCH PACILITY BIVE STREET A | TOOS | 1, 101 | Ret. Cler | | al School |
| יח ל | be to | | | L RESIDENCE (IF NURSING HOME OR CTATE_ 136 COUNT | OTHER INSTITUTION GIVE RESIDENCE BEFORE | | NAC IN CIRE CITY III III | | | |
| 24 F | Plug E | 2 | Ma | ryland Montg | omery Silver Sp | ring | 13d INSIDE CITY LIMITS? YES 🖾 NO 🗌 | 540 Ednor | | 20904 |
| tely tely | 2 sh | △ I | 4 FA | THER S NAME | | | 15 MOTHER'S MAIDEN NAM | | | |
| w d w | and 2 sh | 7 | | ^{f®} Joseph W | ade Byrn | ies | Loui | .se | | Poche |
| 100 P | | / 1 | 6a W | 'AS DECEASED EVER IN U.S. ARA | MED FORCES? 166 SOCIAL SECU | RITY NO | 17 INFORMANT | ADDRES | SS | |
| n and | Poges | | (A | ES NO OR UNINOWA! (IF YES NIV | AAR OR DATES) 577-03-9 | 466 | Thomas F. We | 1ch-son-Sil | ver Spring, | ^r Md. 20904 |
| Seto | ol al | | \neg | | y one couse per line for lo , (b', one | c | | | APPRO) BETWEEN | XIMATE INTERVAL ONSET AND DEATH |
| phy phy | carbonoape a, or removal | | | PART I DEATH WAS CAUSED | ECAUSE (0) CARDIOPUL | non. | ARREST PRACT | | | |
| ing Ce | or re | | | TO THE CONTRACT OF THE CONTRAC | DUE TO, OR AS A CONSEQUE | | | | | |
| ten ten | S SE S | 1 | | Conditions, if any, which | DUE TO, OR AS A CONSEQUE | FIRE | ILIM GELLATIN | 1 (Amount) a | -HF | |
| e o | moti tra | | | gove rise to immediate | | | SID ASPIRATION | Prevmosie. | | |
| of th | crer crer | | | cause (a), stating the underlying couse last | DUE TO OR AS A CONSEQUE | | Sle Pitron & | DETRULTIVE OT | TUT | |
| ed to | rial, | | | DADI 2 OTHER CICALICICANI C | ONDITIONS CONTRIBUTING TO D | | | | | |
| quire | hen to bu | | Z | PART 2 OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING TO L | EAIN BUT | NOT RELATED TO THE TERM | INAL DISEASE OR COND | HION GIVEN IN PART I | d |
| × - e | prior | Н | ATIC | 19a DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 206 IF YES, WERE FINDI | |
| on sur | ws o | | CERTIFICATION | | | | | YES NOT | IN CERTIFYING CAUSES | S OF DEATH? |
| / TH | Hygie 8 sho | 150 | ER | 210 ACCIDENT WAS UNDERLYING | 216 TIME OF INJURY | | 21c HOW INJURY OCCURR | - | INITEM & PART OR PART 2 | |
| Phy phy | to H | - 4 | | OR CONTRIBUTING _ CAUSE OF DEAT | | Y YEAR | | | | |
| y SK ding | Men T Ite | | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) | P.M. 21e PLACE OF INJURY | 19 | 211 LOCATION | | | |
| ten ten | the tand | | ME | WHILE NO! WHILE AT WORK | (AT HOME STREET FACTORY OFFICE F. | ARM ETC) | STREET | CITY OR TOW | COUNTY | STATE |
| Afte | alth mark | | | | -N estended the decreed town | Ave | 10 17 | 15 DOT 2 | 5 10 87 | that I (we) lost |
| OR OR | Hee | | | saw the deceased alive on. | 0 - 1 | 2 | nd that in (my) (our) opinion o | | te and how and from the | |
| aspi | a a fo | -1 | | obave, (1) (we) (did) (did nat | view the body after death | | | and the document of the document | | |
| e h | Dep f Ite | | | 226 SIGNATURE | 0 ~ | | DEGREE | MEDICAL STAFF | , | ESIGNED |
| TAL y th RAL | - Z det | | | 1-1-03 | 1-0 | m | | MEDICAL STAFF | AN DIO | ra b |
| SPI SPI | the S | | | 22d PHY ICIAN'S NAME (TYPE OR | | | 27e ADDRESS | | C | |
| taine O FL | 5 5 7 | | | JOHN E. G | ar ruhan | | 733 CLOVEN | wy St. Si. | C 3P, 170 | 40007 |
| J 9 T | v 2 Z | 2 | | URIAL, CREMATION, REMOVAL | | IAME OF C | EMETERY OR CREMATORY | 23d LOCATION | COUNTY | NIATE |
| BP | | | | Burial | 10-28-1987 St | . Jam | es Cemetery | Falls Chu | | Virginia |
| DHWH 1 | 6 60M 7/84 | 1 | 4 FU | NERAL DIRECTOR | aral Nama 1.1.000 | NT 17 | 25a DATI | E REC D BY REGISTRAR 2 | Sb, REGISTRAR'S SIGNA | TURE |
| | 15, 4) | | | respectitatut fulle | eral Home 14800 Silver | Spri | ng, Md. OCT | 2 7 1987 | Julia Davidson | Kindallo, |

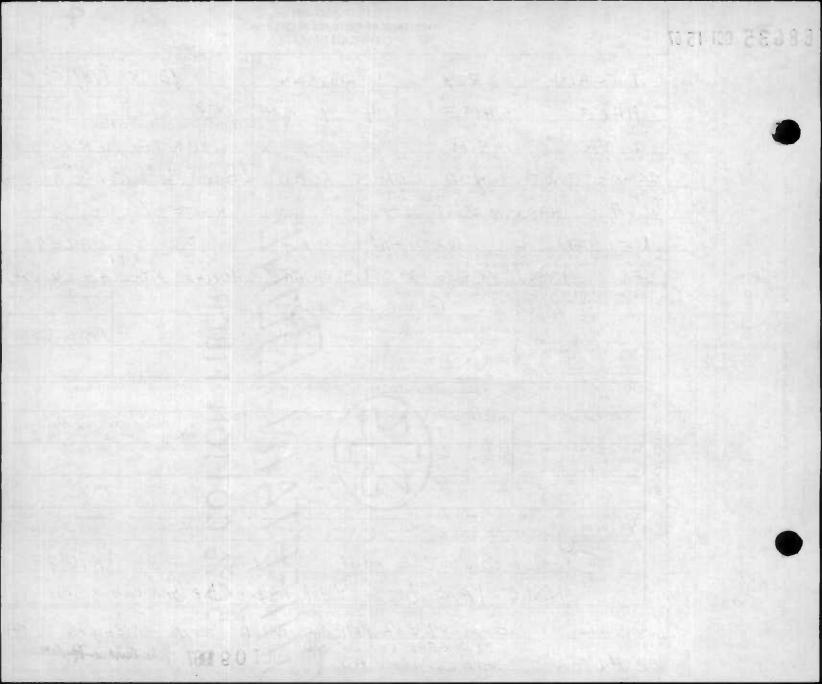


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 170 | 8 4 4 NOV -5 | 07- | FOR STATE REGISTRAR | DEPART | | IEALTH AND MENTAL HYG ICATE OF DEATH | REG. NO | | |
|--------------------------------|--|---------------|---|--|-----------|---|-------------------------------------|---|--|
| | | 1 DE | CEASED NAME FIRST | MIDDLE | | [AST | | ONTH DAY YEAR | 2b HOUR |
| | nay be page 3 | | France | | | White | / | 0 30 8% | 7/126pm |
| | mo Her | 3 SE | | 4 RACE | 5 DATE | | 6 AGE (IN YEARS LAST BIRTHO | MC + H DA | -10 |
| | rs af | | FEMALE | CAUCASIAN | 10 | 15/ 1897 | 90 | YRS | |
| | g pg C | 7a BI | RTHPLACE ENTATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTRY | 8 | - DAIEVED WARRIED D | 9 BALTIMORE CITY OR | COUNTY OF DEATH | |
| | ton ton | 1 | RUSSIA | U.S.A. | WIDOW | D NEVER MARRIED DIVORCED | MONTGOMER | 2 V | MD |
| | p p d | 10 C | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS | NG HOME | | 120 USUAL OCCUPATION | 176 KINE | O OF BUSINESS OR |
| 201 | Filed of the state | | OCKVILLE | (IF NOT IN SUCH FACILITY, GIVE STREE | 1/4 | centest Hasp | HOMEMAKE | R. HC |)ME |
| MARYLAND 2120 | filled in could be must be | 13n S M A | RYLAND MONT | GOMERY POTOMA | C C | 13d INSIDE CITY LIMITS? | | FIP CODE HILL LA | . (20854) |
| RYL | The Paris of the P | 14 FA | THER'S NAME | MIDDLE LAST | | 15 MOTHER'S MAIDEN NA | WE | | LAST |
| WA | p do | | ISIAH | LEAVIT | T | ËSSIE | | LUNKNO | WN) |
| BALTIMORE, | n ond co | | VAS DECEASED EVER IN U.S. AF | RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 199-36 | | ALAN WHITE | | ARYLAND HILL LA | 20854 .:POTOMAC |
| | rificate k physicio anpopers emoval | | | nly one cause per line for (a , (b), o ED BY .TE CAUSE (a) | nd ve | elumary | Coleur | SUCCE. | OXIMATÉ INTERVAL EN ONSET AND DEATH |
| STON | eoth ce tending ve corbo on, or re umotic | | Conditions, if ony, which | DUE TO, OR AS A CONSEOU | JENCE OF | mes, car | dene de | he And | day. |
| W. PRESTON ST., | by the of by the of ase removi | | gave rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEOU | JENCE OF | | | | |
| , 20 | aned n plea | | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDIT | TION GIVEN IN PART | la |
| RDS | The The | o N | Druhette. | sxelliter, | tte/ | kuluny | | | |
| AL RECO | on hos bee t permit ene prio | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHIC | OPERATIO | IN WAS PERFORMED | | OB IF YES, WERE FIN IN CERTIFYING CAUS YES [] | |
| OF VITA | MYSICIAN Tiding physicials certificate burial-transit Mental Hygin them 18 sh | | 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | HOUR AM. MONTH | AY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY I | NITEM IS PART " (IR PART) | |
| DIVISION OF VITAL RECORDS, 201 | G PHYSIC offending er this cer er this cer ond Menti | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE | | 211 LOCATION | (ITY OR TOWN | (OUNIY | TATE |
| Id | TENDIN ortol or TOR Africa or use o of Health | | 27a I certify that (I) (this hosp sow the deceased alive or | nital) attended the deceased from | 1 | nd that in (my) (aur) apinian | ta 10/30 death occurred an the date | 19_57 | that (I) (we lost the causes stated |
| | OR ATT e hospi DIRECT oched fo Dept of f Item 2 | | 22b SIGNATURE | at view the body after death | | DEGREE | | | TE SIGNED |
| | ral y th y th deta | | 1 1000 | eller | | | MEDICAL STAFF DIRECTOR PHYSICIA | N 10/ | 30 (5) |
| 0 | O HOSPI | / | ELBA J | MOSTINEZ, | un. | 8808 FLOD | per Au L | 1030 K | sure no- |
| | J 9 + + 1 3 | | BURIAL, CREMATION, REMOVAL | 23b DATE 23c | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | COUNTY | TATE |
| 1111 | BP | | BURIAL | 11/1/87 KI | NG DAL | ID MEM. PARK | PHILADELPH | | LVANIA |
| | DHMH 16 60M 7/84 (VRA 15, 4) | | UNERAL DIRECTOANZANSK 1170 ROCKVILLE | (Y-GOLDBERG MEMO PIKE: ROCKVILLE | | CHAPELS NO | V 0 4 1987 | REGISTRAR'S SIGN | |





DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

068705

in 72 hours ofter death

STATE OF MARYLAND DEF

| ARTMENT | OF HE | ALTH | AND | MENTAL | AYGIENE |
|---------|--------|------|-----|--------|---------|
| CEI | RTIFIC | ATE | OF | DEATH | |

| 1 DE | CEASED NAME | FIRST | ٨ | AIDDLE | | AST | 2 | DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
|---------------|-------------------------------------|-----------------|--------------------|---------------------|----------------|------------------------|------------|--|--|
| (117) | | ILLIAM | J | AMES | MIG | mayer | | 10/10/87 | 5.05 M |
| 3 SE | × | 4 | RACE | | 5 DATE O | A | | AGE (IN YEARS LAST BIRTHDAY) | MONTHS DATE HOURS MIN |
| | ALE | | Uhit | 2 | 5 | 101/1- | 7 | 70 YRS | |
| | RTHPLACE ATE ONE | | | WHAT COUNTR' | Y? 8 MARRIE | NEVER MARRIED | · 🗆 🕴 | BALTIMORE CITY OR COUNT | Y OF DEATH |
| | ASHINGTON, | | | SA | WIDOWE | | - | MOLHAOM | |
| 5 | ITY OR TOWN OF DEA | 1 | HOLY | CROSS 1 | HOSPITA | or other institution | (| TO USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING L CONTRACT SPEC | 176 KIND OF BUSINESS OR INDUSTRY US GOVERNMENT |
| USU. | AL RESIDENCE (IF NUR | ING HOLE VIOT | HER INSTITUTION | GIVE RESIDENCE BEFO | ORE ADMISSION) | | - | | |
| | ARYLAND | MONTGO | MERY | SILVER | SPRIN | YES NO | 15? 13 | 9041 OTTAWA PL | |
| II4 FA | ATHER'S NAME | MID | ND LE | LAST | | 15 MOTHER'S MAIDE | NNAME | WIDDLE | LAST . |
| 1 | WILLIAM | JOH | | WIDMA' | YER | MARY | | AGNES | SHEID |
| | WAS DECEASED EVER | IN U.S. ARME | | 16b SOCIAL SE | CURITY NO | 17 INFORMANT | | ADDRESS | |
| | YES | WWII | | 216-44 | -3225 | IRENE K. | WIDM | MAYER/WIFE/SAME | |
| | 18 CAUSE OF DEATH | H (Enter only) | one couse per | line lor (a), (b), | ond ic | | | | BETWEEN ONSET AND DEATH |
| | PARTI DEATH W | IMMEDIATE (| | Pulas | mery F | - helvs | | | |
| | | | DUE TO, OF | AS A CONSEC | DUENCE OF | | | | |
| | Conditions, if any, | | (b) | Hyperkel | 10-14 | | | | |
| | couse o statin | ig the | DUE TO, OF | AS A CONSEC | DUENCE OF | | | | |
| | | | (IC) | (- 6),- | - بعابة ب | | | | |
| Z | PART 2 OTHER SIGN | NIFICANT CO | NDITIONS <u>CC</u> | NIKIBUTING IS | O DEATH BUT | NOT RELATED TO THE | IEKMIN | al disease or condition Gi | IVEN IN PART TO |
| CERTIFICATION | 19a DATE OF OPERA | NOI | 196 CONDI | TION FOR WHIC | CH OPERATION | N WAS PERFORMED | | | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? |
| E | | | | | | | | No. of the contract of the con | res NO |
| | 210 ACCIDENT WAS UND | CAUSE OF DEATH | | M. MONTH | | 21c HOW INJURY OF | CCURRED |) 1 1 1 1 1 1 1 1 1 | PART OR PART 7 |
| MEDICAL | (IF EITHER NOTIFY MEDI | | 21e PLACE | | 19 | 211 LOCATION | | | |
| WE | WHILE NOT WE | THE C | | EET FACTORY OFFIC | E FARM ETC) | STREET | | CITY OF TOWN | OUNTY |
| | 22a I certify that | | ottended the | e deceased Iron | n | 10/1/ 19 | 47 | , to /c/10 | that (L (we last |
| | sow the decease above(1) (we) (o | ed olve on | | ctter death | <u>+)</u> , an | d that in (6) (our) op | oinion dec | oth occurred on the date and ha | out and from the causes stated |
| | 276 SIGNATURE | 210 HO 110 Y | iew me body | oner deam | [| DEGREE | | | 221 DATE SIGNED |
| | V- | * Ol | Ren | | | ATTENDI PHYSICI | IAN DI | MEDICAL STAFF DIRECTOR PHYSICIAN | 10/10/87 |
| | 224 PHYSICIAN'S NA | AME (TYPE OR PE | RINT) | | | 22e ADDRESS | | | |
| | Ja | · We | iner | | | 4701 | Ken | - Jolph Rd Rock | kulli und 20852 |
| 23o I | BURIAL, CREMATION, | REMOVAL | 236 DATE | 73 | NAME OF C | EMETERY OR CREMAT | ORY | 23d LOCATION | OUNTY STATE |
| | BURIA | | OCT13, | | | F HEAVEN CE | | SILVER SPRING | MONTGOMERY MD |
| | UNERAL DIRECTOR | FRANCI | | COLLINS, | | | DATE R | REC D BY REGISTRAR 256 REGIS | · Constant |
| 5 | 00 UNIVERS | ITY BLV | VD W SI | LVER SP | RING, 1 | MD 20901 [[| | 4 198/ | 4 |

DHMH - 16 60M 7 84

(VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion is should be detached for use as the burial-transit permit. Then please remove corbon papers. Provide the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN The low etoined by the hospital or ottending physician

BP.

IMPORTANT, If Hem 21 is marked or Hem 18 shows any

or other troumotic event, the

SPIGNICE TO KITCHER

6945

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 453 | OCT 2 | 3 67 | STATE REGISTRAR | | | CERTIFIC | CATE OF DEATH | REG. NO | | |
|--------------------------------|--------------|---------------|------------------------------------|----------------------|-------------------------|--------------|----------------------------|------------------------------------|----------------|----------------------------------|
| | | | CEASED NAME FIRST | | MIDDLE | LAS | 1 | 20 DATE OF DEATH MONTH | DAY YEAR | 26 HOUR |
| by be | | | AGNES | NANCEY | WID | MEYE | | 10/13/87 | | 650 MM |
| i m | | 3. SE | X | 4 RACE | | 5 DATE OF | BIRTH YEAR | 6 AGE (IN YEARS LAST BIRTHDAY) | MUNTHS DAT | HOURS MIN |
| ige , | 1 | 1 | + EMALE | Cauca | sian | 02 | 07/14 | 73 YRS | | |
| Pol d | 16/1 | 7a. B | IRTHPLACE ATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIED | NEVER MARRIED | 9 BALTIMORE CITY OR COUNT | Y OF DEATH | |
| nerg n 72 | 10 | P | ennsylvania | USF | 7 | WIDOWED | | MONOTGOMES | zu Ca | INTU MD |
| ter d with | 100 | 10 C | ITY OR TOWN OF DEATH | 11. NAME OF | | | OTHER INSTITUTION | 12ª USUAL OCCUPATION | 126 KIND O | F BUSINESS OR |
| urs at | 100 | To | KOMA PARK | WASI | 11106701 | NAT | VENTIST | House Wife . | | Home |
| 4 ha | (5) | | STATE 136 COUN | TY | 130 CITY OR TOW | | 3d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP COD | E G | 19069 |
| y fill | (E | 1 | | andoah | QUICKS | | YES NO | POUTE 1-BOX | 161-B | 1711 |
| with betel d 2 s | (E// | 7 14. F. | ATHER'S NAME | MIDDLE | LAST | | 5 MOTHER'S MAIDEN NA | ME MIDDLE | 1.45 | |
| pamp | ORK | 1_ | Harry | G. | Buchanan | | Mary | | Katte | nbaugh |
| xecul nd e | dico | | WAS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SECU | | 17 INFORMANT | ADDRESS | | Virginia |
| Pag. | E | | WKNOWN | OR DATES, | 578-18 | 3-0210 | Robert B. W | idmeyer/Rt 1, Bx | 161-B, | Quicksbi |
| ote b | to the | | 18 CAUSE OF DEATH Enter on | ly one couse per | line for (o), (b), on | dic | | ^ | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| tific phy n po | veni | | PART I. DEATH WAS CAUSE | D BY. E CAUSE (b) | / | Jesne | along Jan | lure | | |
| ding | or re | | | | R AS A CONSEQUE | INCL OF | | | | |
| teat then ve c | uo. | | Conditions, if ony, which | (b) | K AS A CONSEQUE | he ta | tatic care | emoma | | |
| he o | er tro | | gave rise to immediate | DUE TO O | DAS A CONSTOUR | TNCE OF | | | | |
| by t |), cre | | underlying cause lost | DUE 10, 0 | r as a conseque | ENCEOF | | | | |
| es the | uria , ar | 1 | PART 2 OTHER SIGNIFICANT C | ONDITIONS CO | ONTRIBUTING TO I | DE ATH BUT N | OT RELATED TO THE TERM | MINAL DISEASE OR CONDITION GIV | VEN IN PART 1 | |
| equir Then | into b | CERTIFICATION | | | 0.177(1007117070) | 00111 | OT RELATED TO THE TERM | MINAL DISEASE ON CONDITION OF | YEN IN PART IS | |
| law s bee | prio | S | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATION | WASPERFORMED | 200 AUTOPSY 206 IF YE | S, WERE FINDIN | VGS USED |
| The land | - Cw | <u>≡</u> | | | | | | 1000 | ES [| NO [|
| Ny Sicore | Hy98 5 | | 210 ACCIDENT WAS UNDERLYING | 216 TIME C | E INJURY M. MONTH DA | AV YEAR | 21¢ HOW INJURY OCCUR | RED (ENTER NATURE TIME 18 | PART ORPARTZ | |
| G pl | lem | CAL | OR CONTRIBUTING CAUSE OF DEA | 1.61 | M. | 19 | | | | |
| HYS ndin his c | or I | MEDICAL | 21d INJURY OCCURRED | 21e PLACE | | | ZII LOCATION | ITY OR TOWN | COUNTY | STATE |
| offe after the | rked | Σ | AT WORK NOT WHILE | (AI HOME SI) | REET FACTORY OFFICE F | ARM ETC | SINCEI | A | (00,41) | MAIL |
| Se of A | T O H | | 220 certify that (1 (this hospit | ol attended to | edeceased from_ | | SOPT 19 7 | to(OC+ 13 | 108 | that It (we) lost |
| TTEN pital TOR for u | 2) IS | | sow the deceased alive on | | JO+3 19 8 |) ond | that in (my) (our) opinion | death occurred on the date and hou | | |
| R A has | ppt mem | 1 | obove, (I/(we) (did) (did not | view the body | atter deoth | DE | GREE | | 22c DATE | SIGNED |
| AL O the AL DI detacl | ore De | | martino | 400 B | | | ATTENDING PHYSICIAN | MEDICAL STAFF | 10 | 138 |
| SPIT d by | 12/ | 1 | 220 PHYSICIAN'S NAME (TYPE OF | PRINT) | 8 | | 22e ADDRESS | | - 0 0 | |
| O HO | 14/ | L | Marson O. We | 1/2 7 | 252 X | lemy | say Utr O | medicant | elt | MO |
| H 3 | | 230 | BURIAL, CREMATION, REMOVAL | 231 DATE | | | METERY OR CREMATORY | 23d LOCATION | 201 | VO STATE |
| BP | 200 | | Burial | Oct 17 | , 1987So. | lomon : | Luth. Ch. Cer | m. Quicksburg Sl | henandoa | ah_ Va |
| DHMH - 16 6 | OM 7/84 | | UNERAL DIRECTOR | | ADDRESS | | 25a DAT | E REC'D BY REGISTRAR 756 REGIS | TRAR'S SIGNAT | |
| VRA 15 | - 20 | De | ellinger F.H. S. | Main S | St., Mt. | Jackso: | n, Va | 1 7 1 1981 1 mm | eviden-A | modell. |
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18 ED A B S (BARRES S) A STANDARD COMMENT OF STANDARD COMMENTS Mary and the Control of the Control

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO 26 DATE OF DEATH 6 AGE (IN YEARS LAST BIRTHDAY)

WILLD TYPE OF PRINTI BETTY Nock 4 RACE 5 DATE OF BIRTH 3 SEX Nov. 8, 1926 Female White TO BIRTHPLACE THATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? USA Virginia ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)
Suburban Hospital Bet hesda

YES X

120 USUAL OCCUPATION Adm. Assistant

Montgomery

BALTIMORE CITY OR COUNTY OF DEATH

20852 13e STREET ADDRESS / ZIP CODE

Maryl and 4 FATHER'S NAME Cl aude

DECEASED NAME

Stewart 60 WAS DECEASED EVER IN U.S. ARMED FORCES?

USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

Montgomery

Nock 166 SOCIAL SECURITY NO 224-30-3574

Rockville

Li ll i an 17 INFORMANT

IS MOTHER'S MAIDEN NAME

ADDRESS

4706 Wyaconda Road Rockville, Md.

Johnson

Donald L. Wild (husband) same as 13e

200 AUTOPSY?

NOF

and that in my our) apinion death accurred an the date and hour and from the causes stated

18 CAUSE OF DEATH (Enter only one cause per line fag a , tb , and ic PART I DEATH WAS CAUSED BY ARDIOPLILMONARY ALIGNANT LYMPHOMA Canditions, if any, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF DISOR OKR couse 101, stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or

190 DATE OF OPERATION

WHILE NOT WHILE

71a ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED

21h TIME OF INJURY HOUR AM. MONTH DAY YEAR

AT HOME STREET FACTORY OFFICE FARM ETC)

21e PLACE OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

STREET

IN CERTIFYING CAUSES OF DEATH?

LITY OF TOWN

saw the deceased alive an 10/22 abave. (Diwe) (did not view the bady after death

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

ALAN DIAMOND

22a I certify that (1) (this hospital) ottended the deceased from

23c NAME OF CEMETERY OR CREMATORY

SPRING ST SILVER SPRING MO

d b

DHMH 16 60M 7 84 (VRA 15, 4)

238 BURIAL, CREMATION, REMOVAL 10/26/87 Burial 24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc.

Parklawn Memorial Park

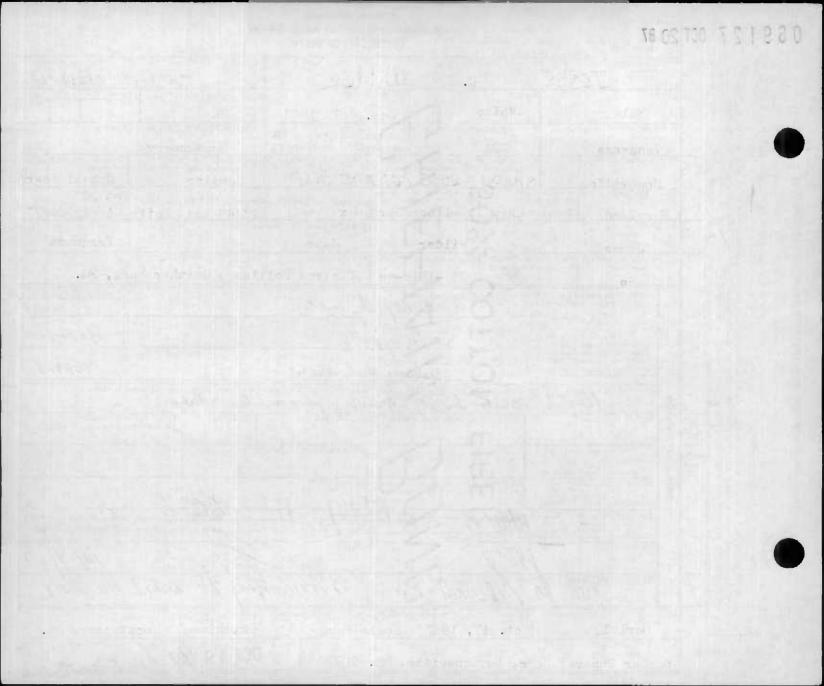
Rockville, Maryland 250 DATE REC D BY REGISTRAR 256 REGISTRAR S SIGNATURE

1331 Rockville Pike Rockville, Maryland 20852

| | | | | 7051210-207 |
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| entrail, efforces | i lengeli son | E / P / P / P | | |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 0691270 | net la | ומ | 9R | | | DEPART | MENT OF H | | MENTAL HYG | IENÉ | 0) | | (2) (4) | |
|--|--------|----------------|--------------------------------------|-------------|--------------------|-------------------------|------------|--------------|---------------------|---------------------|-------------------------------|------------|-------------------------|--------------------------------|
| 0001210 | 2 | 10- | REGISTRAR | | | | CERTIF | ICATE OF | DEATH | | REG NO | | | |
| | Ī | | EASED NAME | FIRST | | MIDDLE | | AST | | 20 DATE OF I | DEATH MONT | H DAY | YEAR | 2b HOUR |
| moy be poge 3 | | (TYPE C | RPRINT) JE | SSE | | С. | Wil | der | | | OC- | TOBER | 14 1987 | 1836 M |
| Poor Poor | 3 | SEX | | | 4 RACE | | | OF BIRTH | | 6 AGE (IN YE | ARS (AST BIRTHDAY) | | UNDER I YEAR | IF UNDER JAHR |
| s off | | | Male | | Whit | е | Oct | | 1905 | 82 | | YRS MOR | ADRI DAYS | HC/-)R' MIN |
| Page 1 die | 07 | | THPLACE (TATE OR F | OREIGN | 76 CITIZEN OF | WHAT COUNTRY | ? 8 | D NEVER | MARRIED X | 9 BALTIMOR | E CITY OR CO | UNTYO | FDEATH | |
| deoth deoth | 7 | arterio. | ennesse | | USA | | WIDOWE | | DIVORCED [| Mo | ntgome | ry | | MD. |
| with the fee | 1-1 | 0 CIT | Y OR TOWN OF DEA | ATH | | HOSPITAL, NURS | | OR OTHER IN | STITUTION | | CCUPATION FOR MOST OF WORK | KING LIFE | 126 KIND OF INDUSTRY | BUSINESS OR |
| to so of the local so of the l | | R | ockville | | SHADL | GROVE | ADVE | NITIST / | HOSP. | Jani | | | | ol Board |
| bound whou | | JSUAI 30 ST | RESIDENCE IF NURS | 136 COUN | | GIVE RESIDENCE BEFO | | 1 13d INSIDE | CITY LIMITS? | 13e STREET A | DDRESS / ZIP | CODE A | Apt 202 | |
| AND AND | | Ma | rvland | Mont | gomery | Gaithe | rsburg | YES 🛣 | NO [] | 18449 | Lost Kr | nife | Circle | 20877 |
| RYL, within 12 st | 1 | 4 FAT | HER'S NAME | | MIODLE | LA51 | | 15. MOTHER | R'S MAIDEN NA | WE | WIDDIE | | LAST | |
| MARY and 2 | 2 | | James | | | Wilder | | Ja | ine | | | | Fergi | ıson |
| ORE. | 1 | | AS DECEASED EVER | | MED FORCES? | 166 SOCIAL SEC | | 17 INFORM | | | ADDRESS | | | |
| TIMO on ar | / _ | ,,,, | No | (| | 271-18 | 18-48 | Carl | Lene Col | lins , | Gaithe | rsbu | rg, Md. | |
| BALTIMORI cote be exectly ysscion and opers. Pages wol | | П | 8 CAUSE OF DEAT | H (Enter or | nly one couse pe | er line far (o), (b), a | nd Ic | 1 | - 1- | | | | APPROXIM BETWEEN OF | ATE INTERVAL NSET AND DEATH |
| STI | | -1 | PART I DEATH W | | TE CAUSE (0) | Cyral | orspin | of an | 51 | | | | 10 | 2 /stins |
| or r | | | | | DUE TO, C | OR AS A CONSEQ | WENCE OF | ++ | | | | | 15 | 0 10 0 |
| PRESTON ne death of ne attendin semave cork motion, or r froumotic | | | Conditions, if ony, | | (b)_ | civil | umivp | dy | | | | | 70 | 14725 |
| the the removement | | | gove rise to imm | ig the | DUE TO, C | OR AS A CONSEC | JENCE OF | , , | | | | | 46 | nas 1 |
| thot d by eose od. c | | | underlying couse | lost | (_{1c})_ | 1301 | Usmic K | hent D. | Musl | | | | / 0 | HICI |
| DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN. The low requires the otherding physician. After this certificate how been signed to so the buriol-tronst permit Themples the ond Mental Hygene prior to buriol orked or them.] 8 shows onyunitury, or or other or other prior or them. | | NO. | PART 2 OTHER SIGN | uphel | Visul. | ONTRIBUTING TO | DEATH BUT | | D TO THE TERM | 1-4 | Brun! | | IN PART 1 a | |
| been been prior | - | CERTIFICATION | 90 DATE OF OPERA | TION | 196 CONE | OITION FOR WHIC | H OPERATIO | N WAS PERF | ORMED | 200 AUTOF | 2SY? 20b | IF YES, V | VERE FINDING | GS USED |
| ral RE lo cian. The lo sit per los sit per grene p | × | Ĕ | | | | | | | | YES | NO | YES | NG CAUSES (| NO [|
| VITAL N The hysiciar ronsit p Hygier 18 show | - | W I | 210 ACCIDENT WAS UN | | 110110 | OF INJURY | DAY VEAD | 21c HOW | INJURY OCCUR | RED (ENTERNATI | TRE OF INJURY IN IT | FM 18 PARI | OR PART 21 | |
| SICIAL SICIAL SICIAL SECUTION | 1 | ¥ | OR CONTRIBUTING | | AIII | .m. month i | DAT TEAK | | | | | | | |
| HYS Inding | / | MEDICAL | III INJURY OCCUR | | 21e PLACE | OF INJURY | | 211 LOCAT | | - | (ITY OR TOWN | | VINITY | AIE |
| IVIS offer offer s the | | ٤ | WHILE NO WH | RILE . | (AT HOME S | TREET FACTORY OFFICE | FARM ETC) | SIRE | | | | | _ | |
| VDIN OI OI Se o ealth | | | 220 I certify that (1) | (this hosp | ital) attended t | | | many | 1987 | | Wish! 14 | . 19 | 57 11 | not (1 (we) lost |
| TTEN Pritola TOR for u | | | sow the decease above, (1) (we to | ed alive or | OTUNE | y otter death | Y) | nd that in m | y) (our) opinion | death occurred | on the date or | nd hour a | nd from the c | ouses stated |
| OR A e hos oched Dept fitem | | 1 | 226 SIGNATURE | - | | 7 01101 000111 | | DEGREE | | | | | 2h DATE 5 | PHEP/ |
| the Date Detoc | | | | / | m/ | | | | ATTENDING PHYSICIAN | MEDICAL DIRECTOR | STAFF PHYSICIAN | | 10/ | 14/87 |
| SPIT. | 7 | | 778 PHYSICIAN'S NA | AME LIYPE | R PRINT) | | ** / | 22e ADDRI | ESS | ton | and Pil | 71.1 | MD | 2 111 |
| TO HOSPITAL retoined by the TO FUNERAL should be detoined with the Store I MAPORTANT: II | | | JOS | E // | 1/4 | VIRUS 1 | 10 | 43 | 43 / INON | Juny 1 | V. Bell | hill | 110 6 | 037 |
| 0 f 5 d 3 ₹ | - 2 | | RIAL, CREMATION, | REMOVAL | 23b DAFE | 230 | NAME OF C | EMETERY OF | RCREMATORY | 23d LOCAT | ION | | | ATE |
| BP | | (5 | Burial | | Oct. 1 | 17, 1987 | Seal | ls Fari | m | Etch | | | tgomer | |
| DHMH = 16 60M 7/1 | 84 | | VERAL DIRECTOR | | | ADDRESS | | | | E REC D BY RE | _ | | | |
| (VRA 15, 4) | | Ba | rber Funer | ral H | ome, La | ytonsvil | le, Md | . 2087 | 9 | 0011 | 9 1987 | Julia | Simon | 2 |
| | the | | | | | | | | | | | 0 | | The State of the |



AND THE PROPERTY. TERRITOR STATE OF THE PROPERTY LOUIS AND THE PROPERTY OF THE PARTY OF THE P TOT TELL LAMBER RESET FOR SET IN CONCESSAVOR ----- DE LA DE 20-22-1687 | Hid-is-tony | outsigns orangest | Evitation | Feb. 5. Cat. S. C. CHANGE OF SEC. OF SEC. SEC. 12.

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MPORTANT

be deta e State [FUNERAL

should b

CERTIFICATION

MEDICAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL MYCHENI

| | CERTIFICATE OF DEATH | REG. NO | | |
|-------|----------------------|-------------------------------------|-------------|-----------------|
| IDDLE | LAST | 20. DATE OF DEATH MONTH DAY | YEAR | 26 HOUR |
| R. | Willard | Oct. 24 | 1987 | 9:20AM |
| | 5 DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) IF U | NDER I YEAR | IF UNDER 24 HRS |
| nito | Anr. 1 1913 | 7.4 | HS JAY | HOURS MIN. |

Margarei 3. SEX White Female TO BIRTHPLACE (STATE OR FOREIGN

76 CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED USA WIDOWED [2]

DIVORCED [12a USUAL OCCUPATION (Tetwork Secretary uff)

Montgomery 126 KIND OF BUSINESS OR INDUDO GOVT.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TONO THE TOWN OF ETTER CHEST LE Poolesville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY

MIDDLE

N/A

Montgomery

13c. CITY OR TOWN Poolesville

LAST

13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME

Ethe1

130 STREET ADDRESS 19025 Dowder Circle MIDDLE Batson

BALTIMORE CITY OR COUNTY OF DEATH

William 16a WAS DECEASED EVER IN U.S. ARMED FORCES?

N/A

underlying cause

190 DATE OF OPERATION

FOR

Washington, DC

Maryland

14 FATHER'S NAME

- STATE REGISTRAR OCEASED NAME TYPE OR PRINTI

(IF YES, GIVE WAR OR DATES)

166 SOCIAL SECURITY NO 213-40-9376

Weber

ane Bupp-daughter- (same as 13e)

17 INFORMANT

ADDRESS

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conditions, if any, which gave rise to immediate couse (a), stating the

Circhosis

NOX

neumonia

lost

PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR PM

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2)

21d INJURY OCCURRED WHILE NOT WHILE AT WORK 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC.)

21f LOCATION STREET

CITY OR TOWN

220.1 certify that (1) (this haspital) attended the deceased fram and that in (my) (aur) apinian death occurred an the date and hour and fram the couses stated 226 SIGNATURE DEGREE 22r DATE SIGNED

121 22e ADDRESS

ATTENDING . MEDICAL PHYSICIAN X DIRECTOR PHYSICIAN

MI

23c NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery Brentwood Pr. Georges Ma:

(SPECIF Burial 24 FUNERAL DIRECTOR

23a BURIAL, CREMATION.

Hines/Rinaldi Funeral Home 11800 N.H.Ave. S.S.

10 - 27 - 1987

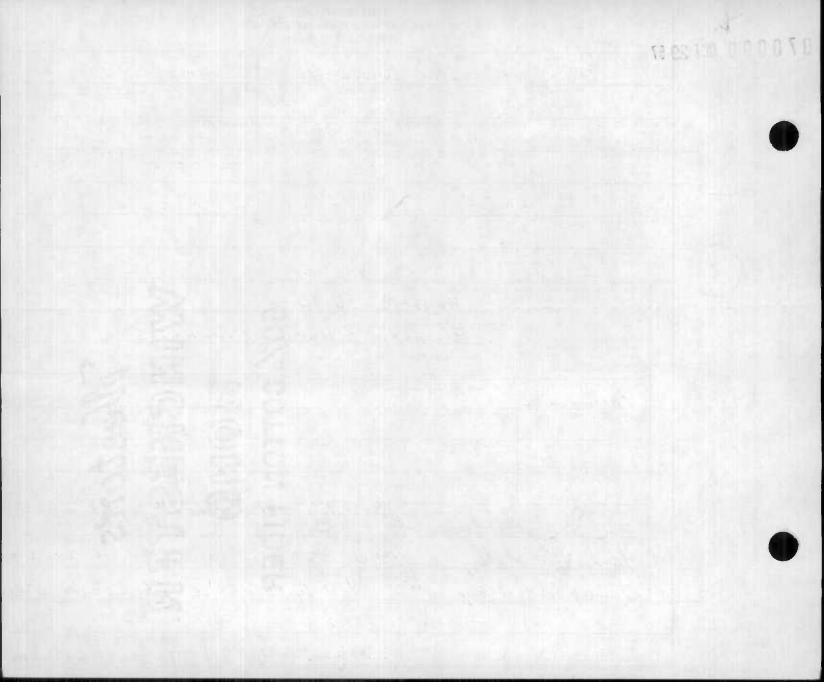
A. F.M

25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE Deordson.

DHMH - 16 50M 1/81 (VRA 15, 4)

HOSPITAL

BP



- STATE CERTIFICATE OF DEATH REG NO 70 DATE OF DEATH SED NAME everel A RAC 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTH YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE Th CITIZEN OF WHAT COUNTRY ATE OR FOREIGN MARRIED W NEVER MARRIED COUNTRY Hampshire WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY House wite IF NURSING HOME OR OTHER INSTITUTION GIVERESIDENCE BEFORE ADMISSION 13a STATE 13c CITY OR TOWN 113d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE MARY 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE ohn ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LIE YES GIVE WAR OR DATEST YES NO OR UNKNOWN 002 -20-18 CAUSE OF DEATH (Enter only one cause per ling for ia), ib), and PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. 206 IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO 71g ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 CIR PART 2 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 10 MEDICA 711 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN AT HOME STREET FACTORY OFFICE FARM ETC) STREET AT WORK AL WORK 22a I certify that (I) (this hospital) attended the deceased from 1 10130 sow the deceased alive on above, (I) (we) (did) (did not view the body after death and that in (my) (out) apinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE MEDICAL ATTENDING STAFF old be deta FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 77d PHYSICIAN'S NAME LITYPE OF PRINTS 230 BURIAL CREMATION REMOVAL 731 NAME OF CEMETERY OR CREMATORY 23d LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NOV 03 1987

221 DATE SIGNED

2b HOUR

126 KIND OF BUSINESS OR

2090

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO |

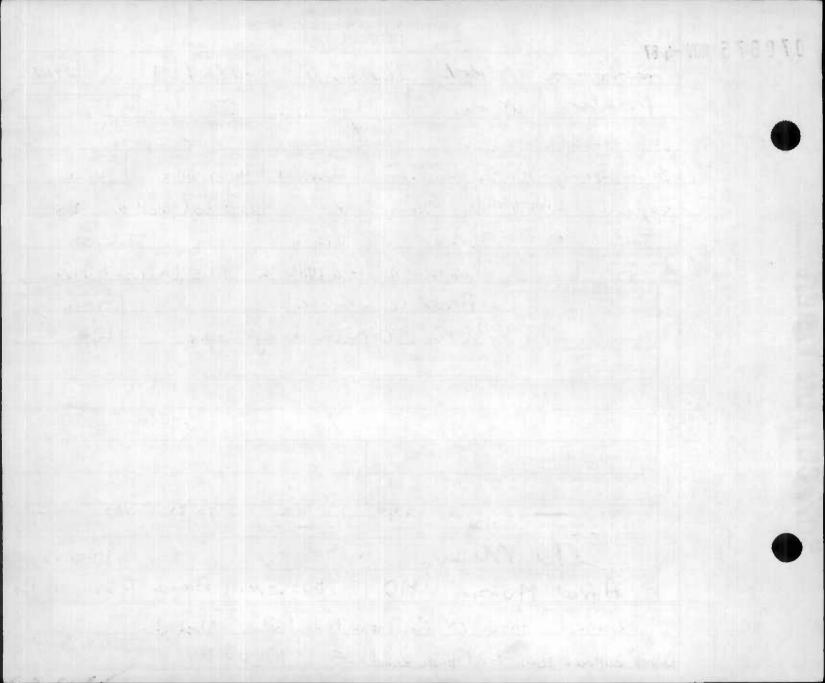
> days

IF LINDER I YEAR

Dring

YES [

COUNTY



director per DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 and Mental Hygiene prior to burial. or frem 18 D FUNERAL DIRECTOR After nould be detached for use as int the State Dept of Health MPORTANT If Item 21 is

DHMH = 16 60M 7/84

(VRA 15, 4)

poge 3

| | DEPARTN | ENT OF H | OF MARYLAND EALTH AND MENTAL HES | IENE 3 0 | g. -11 | 3 | | |
|------------------|--|------------------------|---------------------------------------|---|-----------|-------|--------|-----|
| | MIDDLE | L. | AST | 20 DATE OF DEATH MONTH | DAY | YEAR | 26 HOU | R |
| ıan | G. | Wi | illiams | October 26, | 1987 | | 5:55 | D M |
| RACE S. DATE OST | | | F BIRTH 120/1897 | 6 AGE (IN YEARS LAST BIRTHDAY) | IF LINDER | MIN | | |
| CITIZEN OF US. | WHAT COUNTRY? | 8 MARRIEI WIDOWE | D NEVER MARRIED D DIVORCED D | 9 BALTIMORE CITY <u>OR</u> COL Montgomeri | | DEATH | | MD |
| | HOSPITAL, NURSING HEACILITY, GIVE STREET A | | rother institution lospital | 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK RETURE | ING LIFE) | Prof | | |
| mery | Silver S | | 136 INSIDE CITY LIMITS? YES 🖄 NO 🗌 | 32 STREET ADDRESS / 71P (410 Marshall | Man | or Dr | ive | 14 |
| est Dest | Willian 166 SOCIAL SECUI | | Anna INFORMANT | ME MIDDLE ADDRESS | | Rhoa | | |
| DIONCES. | TOU SOCIAL SECOI | VIII 140. | II IIAI OKWANI | ADDICESS | | | | |

| (IF YES NO OR UNKNOWN) (IF YES GIVE W | AR OR DATES) | ms-wife (same as 13e) |
|---|--|---|
| PART I. DEATH WAS CAUSED B | rane cause per line tar la Maria la Mar | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 Wills |
| Conditions, if any, which gave rise to immediate cause to stating the underlying cause last | DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF | 3 unds |
| | NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE | |
| 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOR | 206 IF YES, WERE FINDINGS USED TO CERTIFYING CAUSES OF DEATH? YES NO NO |
| 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATI | URE OF INJURY IN ITEM 18 PART 1 OR PART Z) |

21f LOCATION

STREET

22d PHYSICIAN'S NAME (TYPE OF PRINT) 42

saw the deceased alive an above (1) (we) (did (did not view the body after death.

22e ADDRESS

ATTENDING

MEDICAL STAFF

CITY OF TOWN

220 DATE SIGNED

230 BURIAL, CREMATION, REMOVAL Burial

226 SIGNATURE

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

22a I certify that (1) (this haspital attended,

10-31-1987

P.M.

21e PLACE OF INJURY

AT HOME STREET FACTORY OFFICE FARM ETC)

23c NAME OF CEMETERY OR CREMATORY Woodside Cemetery

DEGREE

19

23d LOCATION Brinklow

, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

Md.

24 FUNERAL DIRECTOR

MEDIC/

FOR STATE REGISTRAR 1 DECEASED NAME

(TYPE OR PRINT)

Male

TO BIRTHPLACE I LATE OR FOREIGN

10 CITY OR TOWN OF DEATH

George

Olney

14 FATHER'S NAME

3 SEX

FIRST

USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE Mary Land Montgomery St.

Jonathan 4 RACE

Th CITIZEN OF WHA

1. NAME OF HOS IF NOT IN SUCH FAI

MIDDLE

Guest

Silver Spring, Md. Hines Rinaldi Funeral Home

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Tender Pulas

Montgomery

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| -1 | REGISTRAR | | | | | REG NO | | | | |
|------|---|--|---|-------------------|----------------|--|-------------------------------|----------------|------------------------------------|--|
| Ì | 1. DECEASED NAME FIRST (TYPE OR PRINT) Marth | a Vincini | | oughby | | 20 DATE OF DEATH A | | 0 1987 | 26 HOUR | |
| ł | 3 SEX | Virginia | 5 DATE C | | | 6 AGE (IN YEARS LAST BIRTH | | IF LINDER YEAR | JE LINDER 14 HR | |
| ı | Female | White | MONTH | Dec. 25 1913 | | 73 | YRS | MCNIH DAY | HOURS MIN. | |
| 1 | 70 BIRTHPLACE THATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTRY | Y? 8 | □ NEVER M | APPIED [| 9 BALTIMORE CITY OR | COUNTY | OF DEATH | | |
| 1 | South Carolina | U.S.A. | WIDOWE | | ORCED [| Montgomery County MD. | | | | |
| ٦ | 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS | | R OTHER INSTI | TUTION | 120 USUAL OCCUPATIO | | | F BUSINESS OR | |
| 1 | Chevy Chase | 3503 Thornappl | e Stree | et | | Owner | | | &Storage | |
| | USUAL RESIDENCE (IF NURSING HOME O 130 STATE 136 COU Maryland Mont | | NWN | 138 INSIDE CI | Y LIMITS? | 3503 Thorn | | | :/20815 | |
|) | 14 FATHER'S NAME Archibald | MIDDLE Taylo | or | 15 MOTHER'S | IR51 | MIDDLE | | McCorn | ijck | |
| 1 | 160 WAS DECEASED EVER IN U.S. AF | RMED FORCES? 166 SOCIAL SE | | 17 INFORMAN | ١T | 20569RES | Neerw | inder S | t. | |
| | (YES, NO OR UNKNOWN) (IF YES, GI | 219-4 | 8-9784 | Linda | McCrac | ken, German | town, | MD 208 | 74 | |
| | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 3 1 2 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 | DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO CONDITION FOR WHICH THE CONDITION FOR WHI | DUENCE OF DUENCE OF O DEATH BUT CH OPERATION | N WAS PERFOR | MED adde | NAL DISEASE OR COND 260 AUTOPSY? VES NOTE ED (ENTER NATURE OF INJURY) | 20b IF YES IN CERTIF YE | EN IN PART 1 c | IGS USED | |
| Bear | OR CONTRIBUTING COLUMN AUSE OF DE WHILE AL WORK NOTHY WHILE COLUMN AL WORK NOTH WHILE COLUMN AL WORK NOTH WHILE COLUMN AL WORK | P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFIC | E FARM ETC) | 21F LOCATIO | N | CITY OR TOW | 'N | COUNTY | TATE | |
| | saw the deceased alive or | n 9/25 19 | = 57/ | nd that in (my) (| our) opinion d | leoth occurred on the dot | te and hou | | that (I) (wellast causes stated | |
| - | 226 SIGNATURE 226 PHYSICIAN'S NAME (TYPE) | Ilah nan | nu | 170 ADDRESS | HYSICIAN Z | MEDICAL STAFF DIRECTOR PHYSICI | | hase, M | 1/87 | |
| | 230 BURIAL, CREMATION, REMOVAI (SPECIFY) Burial | 1 10 | | emetery or c | | 23d LOCATION CITYORTOWN Brentwood | d. MD | JUNIY | STATE | |
| | 24 FUNERAL DIRECTOR Jose; 5130 Wisconsin | ph Gawler's Sons | s, Inc. | | 250 DATE | REC'D-BY REGISTRAR 2 | | PAR'S SIGNAT | Pendaes. | |

DHMH 16 60M 7/84 (VRA 15, 4)

5130 Wisconsin Ave, NW, Washington, D.C.

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attend should be detached for use as the burial-transit permit. Then please remove ca should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation.

Find that the contract two. Cher there, M. Soul

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

| 5 | U | 2 | 7 | 4 |
|---|---|---|---|---|
| | | | | |

| | | | | | | | RI | G NO | | | |
|-----------------------|---|--|--|--|---|--|--|--|--|------------------------------------|--|
| | CEASED NAME FIRST | ٨ | AIDDIE | LAS | 1 | 1 | O DATE OF DEA | HIMOM HT | DAY | YEAR | 26 HOUR |
| (TYPE | ELIZA! | BETH | | WIL | -SON | | | 10 | 4 | 87 | 1:25AM |
| 3 SEX | (| 4 RACE | | 5 DATE OF | | | AGE (IN YEARS) | AST BIRTHDAY) | IF JND | ER ! YEAR | IF UNITER A HRY |
| | FEmale | CAI | uc. | MONTH | 29 | 1910 | 68 | YR | S | DAY | HOURS |
| | RTHPLACE TATE OF FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | ET INTEVED A | APPIED 7 | BALTIMORE C | ITY OR COUP | ITY OF D | EATH | |
| C | Virginia | U.S | . A . | WIDOWED | NEVER M | ORCED | Monte | gomery | Co | | MD. |
| 0 CI | TY OR TOWN OF DEATH | | HOSPITAL, NURSING | | OTHER INST | | 20 USUAL OCC | | | KIND O | F BUSINESS OR |
| Ta | koma Park | Washing | gton Adv | entis | st Hos | | House | vife | | | Home |
| 130 S | AL RESIDENCE (IF NUTSING NOME OF LITATE 131 COULTY Pri | nce Ge | 13c CITY OR TOWN | . 11 | 3d INSIDE CIT | , | 3e STREET ADDI | RESS / ZIP CO | | 0706 | |
| | THERS NAME | 1100 00 | p. Deadi | | | MAIDEN NAME | | | C | | |
|) | Sam | WIODLE | Crowd | er | Cé | ëlia | | DIE | | Fly | nn |
| 6a W | VAS DECEASED EVER IN U.S. AF | | 166 SOCIAL SECUR | ITY NO I | 17 INFORMAN | VI. | | ADDRESS | | Se | abrook |
| 1 | NO OR UNKNOWN] (IF YES GI | NA A DATES | 579-05-5 | 224 | Willia | am R. I | Wilson | 5403 9 | | | |
| | 18 CAUSE OF DEATH (Enter o | nly one couse per | line for a , b ond | ici j | | i i . | | | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| | PART DEATH WAS CAUSI | TE CAUSE (o) | 100 | unul | one s | Javune | , | | | | |
| | | DUE TO OF | R AS A CONSEQUEN | VCE OF | 1 6 | | | | | | |
| | Conditions, if ony, which | (| NOTUD | HILLIC | W/1 100 | M your | all. | | | | |
| | | | 1000 | 14 Tu | 00000 | 0/101 | 1000 | | | | |
| | gave rise to immediate | DUE TO OF | P AS A CONSEQUEN | ICE OF | 00.20 | 6/1// 1000 | 10000 | Canell | Par | 16 | |
| | gave rise to immediate couse a stating the underlying cause last | DUE TO, OF | R AS A CONSEQUEN | NCE OF | S | of ton | us cell | (arce | uon | 14 | |
| | couse a, stating the | (ic) | | | | | | | | | |
| NOI | couse a stating the underlying cause lost | (ic) | | | | | | | | |) |
| CATION | couse a stating the underlying cause lost | conditions <u>cc</u> | | E <u>ath</u> But N | IOT RELATED | TO THE TERMIN | | CONDITION 206 IF | GIVEN IN | PART 1 o | IGS USED |
| TIFICATION | couse a stating the underlying cause lost PART 2 OTHER SIGNIFICANT | conditions <u>cc</u> | ONTRIBUTING TO DI | E <u>ath</u> But N | IOT RELATED | TO THE TERMIN | IAL DISEASE OR | CONDITION 20b IF | GIVEN IN | PART 1 o | |
| CERTIFICATION | PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | CONDITIONS CO | ONTRIBUTING TO DI | EATH BUT N | WAS PERFOR | TO THE TERMIN | 200 AUTOPSY YES NO | CONDITION 20b IF IN CEI | GIVEN IN YES, WER RTIFYING YES | RE FINDIN | IGS USED OF DEATH? |
| - | PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING CAUSE OF DE | CONDITIONS CO | DATRIBUTING TO DI | EATH BUT N | WAS PERFOR | TO THE TERMIN | 200 AUTOPSY YES NO | CONDITION 20b IF IN CEI | GIVEN IN YES, WER RTIFYING YES | RE FINDIN | IGS USED OF DEATH? |
| - | PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | 19b CONDITIONS CO | ONTRIBUTING TO DI | DPERATION Y YEAR 19 | WAS PERFOR | TO THE TERMIN | 200 AUTOPSY YES NO | 206 IF IN CEI | YES, WER RTIFYING YES 18 PART 10 | RE FINDIN CAUSES | AGS USED OF DEATH? NO [] |
| MEDICAL CERTIFICATION | Couse a stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED | 19b CONDITIONS CO | DNTRIBUTING TO DI ITION FOR WHICH C FINJURY M. MONTH DA' M. | DPERATION Y YEAR 19 | WAS PERFOR | TO THE TERMIN | 200 AUTOPSY YES NO | CONDITION 20b IF IN CEI | YES, WER RTIFYING YES 18 PART 10 | RE FINDIN | IGS USED OF DEATH? |
| - | PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | 19b CONDITIONS CO | ONTRIBUTING TO DI ITION FOR WHICH C F INJURY M. MONTH DA' M. OF INJURY OF INJURY OF INJURY OFFICE FA | DPERATION Y YEAR 19 | WAS PERFOR | TO THE TERMIN | 200 AUTOPSY YES NO | 206 IF IN CEI | YES, WER RTIFYING YES 18 PART 10 | REFINDIN CAUSES | NGS USED OF DEATH? NO [] |
| - | PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED WHILE ALWORK AT WORK 220 Certify that Making hosp saw the degrased drive or | 19b CONDITIONS CONDITI | FINJURY M. MONTH DAY M. OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY | PEATH BUT NO OPERATION Y YEAR 19 RM. ETC. | WAS PERFOR | TO THE TERMIN | 200 AUTOPSY YES NO D (ENTER NATURE) | 206 IF IN CEI | YES, WERTHYING YES 18 PART 10 | PART 10 CAUSES | NGS USED OF DEATH? NO IAIE |
| - | PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 71a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSE OF DE CHIPTER THE NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AL WORK 22a.1 certify that Michis hosp | 19b CONDITIONS CONDITI | FINJURY M. MONTH DAY M. OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY | PEATH BUT NO OPERATION Y YEAR 19 RM E1C | WAS PERFOR | TO THE TERMIN | 200 AUTOPSY YES NO D (ENTER NATURE) | 206 IF IN CEI | YES, WERTHEYING YES 18 PART 10 | PART 10 CAUSES | IGS USED OF DEATH? NO IA1E |
| - | PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE OF CONTRIBUTING CAUSE OF DE OF CONTRIBUTING ALL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE ALL WORK 220 I certify that M (this hosp saw the defeased allive of bove, (II) we I dight (did in | 19b CONDITIONS CONDITI | FINJURY M. MONTH DAY M. OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY | PEATH BUT NO OPERATION Y YEAR 19 RM E1C | WAS PERFOR 21c HOW INJ 211 LOCATIO AIREET Thort in (my) is | TO THE TERMIN RMED JURY OCCURRE IN 19 19 TENDING | 200 AUTOPSY YES NO D (HNIER NATURE) To onth occurred on | 20b IF IN CELL OF ROJURY IN ITEM | YES, WERTHEYING YES 18 PART 10 | PART I CAUSES | IGS USED OF DEATH? NO IA1E |
| - | PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE OF CONTRIBUTING CAUSE OF DE OF CONTRIBUTING ALL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE ALL WORK 220 I certify that M (this hosp saw the defeased allive of bove, (II) we I dight (did in | 19b CONDITIONS CONDITI | FINJURY M. MONTH DAY M. OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY | PEATH BUT NO OPERATION Y YEAR 19 RM. ETC 1 | 211 LOCATIO | TO THE TERMIN RMED JURY OCCURRE IN 19 19 TIENDING PHYSICIAL | 200 AUTOPSY YES NO D (HNIER NATURE) to ath occurred on | 20b IF IN CELL OF ROJURY IN ITEM | YES, WERTHEYING YES 18 PART 10 | PART 1 CAUSES OUNTY Liom the | IGS USED OF DEATH? NO ITALE |
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| WEDICAL WEDICAL | PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WALL AT WORK 22a Certify that Machine has body (II) (Net Idjan (Idjan 1) 27b SHANATURE 27d PHYSICIAN'S NAME LIPPET 196 CONDITIONS CO | TION FOR WHICH CONTRIBUTING TO DISTRIBUTING TO | PEATH BUT NO OPERATION Y YEAR 19 | 211 LOCATIO | TO THE TERMIN RMED JURY OCCURRE IN 19 10ur) apinion de TIENDING HYSICIADING | 200 AUTOPSY YES NO D (ENTER NATURE) TO OTHER NATURE MEDICAL DIRECTOR F | 2 20b IF IN CEI | YES, WERTHEYING YES 18 PART 10 | PART 1 CAUSES OUNTY Liom the | IGS USED OF DEATH? NO TATE |
| WEDICAL WEDICAL | PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE OF CONTRIBUTING CAUSE OF DE OF CONTRIBUTING ALL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE ALL WORK 220 I certify that Machine has bove. (II) well dupt idid in 27b SHENATURE 22d PHYSICIAN'S NAME TYPE: | 196 CONDITIONS CO | TION FOR WHICH CONTRIBUTING TO DISTRIBUTING TO | PEATH BUT NO Y YEAR 19 2. ond DI AME OF CEA | WAS PERFOR 210 HOW INJ 211 LOCATIO SIREET 212 ADDRESS METERY OR C COln (| TO THE TERMIN RMED JURY OCCURRE N 19 TIENDING HYSICIAL REMATORY Cemete: | 200 AUTOPSY YES NO O (HNTER NATURE) TO MEDICAL DIRECTOR F | 206 IF ON CEIL OF CAJURY IN ITEM TORTOWN THE date and STAFF HYSICIAN ON TOWN O | YES, WERTHYING YES 19 Menu and | REFINDING CAUSES OUNTY Thom the | IGS USED OF DEATH? NO ITALE |
| WEDICAL MEDICAL | PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WALL AT WORK 22a Certify that Machine has body (II) (Net Idjan (Idjan 1) 27b SHANATURE 27d PHYSICIAN'S NAME LIPPET 19b CONDITIONS CO 19b CONDITIONS CO 19b CONDITIONS CO 19b CONDITIONS CO 19b CONDITIONS CO 19b CONDITIONS CONDI | TION FOR WHICH CONTRIBUTING TO DISTRIBUTING TO | PEATH BUT NO Y YEAR 19 2. ond DI AME OF CEA | WAS PERFOR 210 HOW INJ 211 LOCATIO SIREET 212 ADDRESS METERY OR C COln (| TO THE TERMIN RMED JURY OCCURRE N 19 TIENDING HYSICIAN REMATORY | 200 AUTOPSY YES NO O (HNTER NATURE) TO MEDICAL DIRECTOR F | 206 IF ON CEIL OF CAJURY IN ITEM TORTOWN THE date and STAFF HYSICIAN ON TOWN O | YES, WERTHYING YES 19 Menu and | RE FINDING CAUSES OUNTY LIOM the | IGS USED OF DEATH? NO IATE that (I (wellost could foted |

BP. DHMH 16 60M 7/84

(VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item 18 sho-

TO FUNERAL DIRECTOR After this certificate In should be detached for use as the burial-transit with the State Dept of Health and Mental Hygie

088728 (d) 1567

STATE REGISTRAR

YPE OF PRINTI

FIRST

Robert

George

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT

CERTIFICATE OF DEATI

Wilson

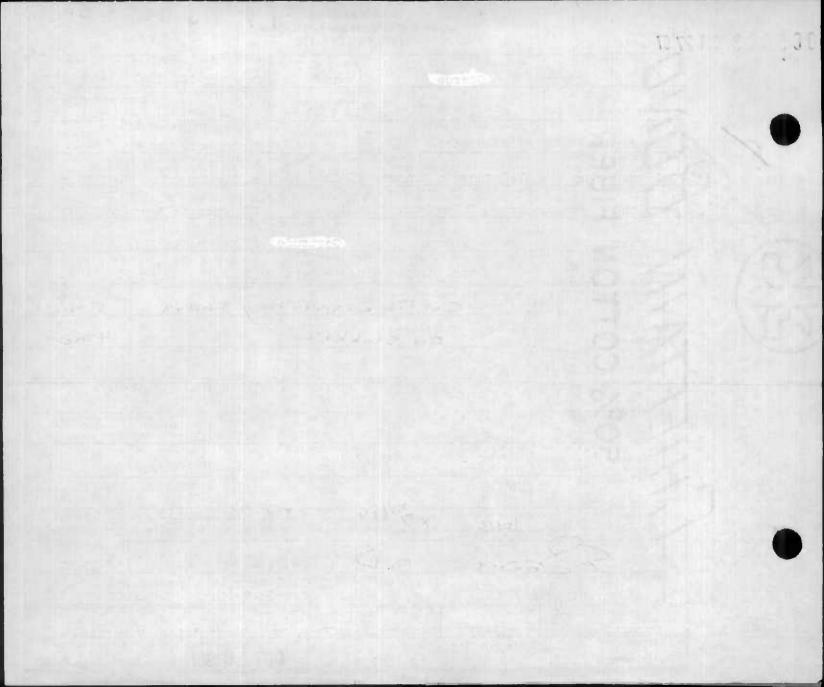
| L HFG | IENE | 0 | | | |
|---------|----------------------------|----------------|------------------------|---------------|------|
| | REG. NO | 0 | | | |
| | 20 DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR | A |
| | October 23 | 3, 1987 | | 3:20 | M |
| | 6 AGE IN YEARS LAST BIR | | **OFR TAR | F TILLER 1 | ·(R |
| R | 84 | YRS | | HCSSNS A | ^ ~ |
| | 9 BALTIMORE CITY O | | FDEATH | | |
| | Montgomery | | У | | MD |
| Ν | 120 USUAL OCCUPATI | | 126 KIND O INDUSTRY | F BUSINESS | OR |
| | Building Inst | | D. C. G | overnme | ent. |
| | 1 | | | | |
| 152 | 13e STREET ADDRESS | | # 5 | OOD / | 20 |
| NNA | 8750 Georgi | La Aven | ue, #3 | VOB / | 20 |
| | MIDDLE | | Δ. | | |
| | (Unavai | ilable) | | | |
| | ADDRE | :55 | | | |
| L. | Wilson, Sa | ame as | 13 | | |
| | | | APPROXI | MATE INTERVAL | TH |
| | 2.1 Fa.1 | 47. | BEIWEEN | MADE AND DEA | i e |
| | -7 1 | - | , | 4-6 | _ |
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| | | | | | |
| TERM | INAL DISEASE OR CON | DITION GIVEN | IN PART 1 c | 1 | |
| | | | | | |
| | 200 AUTOPSY | 206 IF YES, V | | | |
| | YES NOX | IN CERTIFYIN | | OF DEATH? | |
| CCLIRE | RED LENTER NAS RE OF 1. 11 | | | 110 | _ |
| CCOKI | LD ENTERNAL REOFF. II | FINALLY DE PAR | JA F AR | | |
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| | ITY OF TO | wn | PINTY | STATE | |
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| 8 | 2 to October | c 23 10 | 87 | that I twe | lost |
| inion (| deoth occurred an the do | | | | |
| | | | 122c DATE | | |
| NG _ | MEDICAL STAR | FF | | | |
| AN [| X DIRECTOR PHYSIC | IAN 🗌 | 10-2 | 3-87 | |
| 301 | Georgia Av | enue, # | 341 | | |
| | er Spring, | | | | |

3 SEX 4 RACE 5. DATE OF BIRTH White Sept. 5, 1903 Male Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIE COUNTRY United States New Jersey WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Silver Spring 8750 Georgia Avenue, #508B ISUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONE

30 STATE

113h COLINTY

113c CITY OR TOWN 136 COUNTY 130 CITY OR TOWN 136 INSIDE CITY LIA Silver Spring Maryland Montgomery YES X L FATHER'S NAME LASI FIRST Wilson Arthur 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YE GIVE WAR OR DATES) 578-16-4524 Gertrude No 18 CAUSE OF DEATH Enter only one cause per line for a b and c PART I DEATH WAS CAUSED BY Car 600 Regpir IMMEDIATE CAUSE (O) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse a stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TI CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 71n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW IN JURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental I MEDICAL IF EITHER NOTIFY MEDICAL EXAMINER PM 21d INJURY OCCURRED TIE PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC. WORK NO WHILE 22a I certify that (1) (this hospital) attended the deceased from saw the deceased alive on_ and that in imy our obove, Ill welld not view the body after death 226 SIGNATURE DEGREE ATTEN FUNERAL I M. PHYSI PORTANT 770 PHYSICIANS NAME (TYPE OR PRINT 77e ADDRESS Edgar H. Levin, M. D. 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE (SPECIFY) 10-23-87 Metropolitan CRematory Cremation Alexandria, Virginia 74 FUNERAL DIRECTOR Richard Rapp, Inc. 250. DATE REC D. BY REGISTRAR 256 REGISTRAR S SIGNATURE DHMH 16 60M 7 84 P. O. Box 43352, (VRA 15, 4) Washington, DC 20010



TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the burnal-tronsit permit. Then please immover the State Dept. of Health and Mental Hygiene prior to burnal, cr

BP.

DHMH 16 60M 7 B4 (VRA 15, 4)

068744

funeral director page 3 thin 72 hours after death

STATE OF MARYLAND CEPTIFIC ATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 6 01 | FOR STATE REGISTRAR | DEPAR | TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | REG NO | | 9 |
|---------------|---|---|---|---------------------------------------|-------------------------------|-----------------|
| | CEASED NAME FIRST FOR PRINT) FOR CES | MIDDLE | Windson | 20 DATE OF DEATH | D-11-87 | 26 HOURS |
| 3 SEX | Female | Caucasión | S. DATE OF BIRTH | 6 AGE TIN YEARS LAST BIRT | YRS VAN DAYS | R IF INLER, SHI |
| S | IRTHPLACE ISTATE ORFORDON | 76 CITIZEN OF WHAT COUNTRY | MARRIED NEVER MARRIED WIDOWED DIVORCED | I wront down | org Connt | , |
| K | ockville | Collins, World N | URSING HOME | 120 USIAL OCCUPATION WORK FOR MOST OF | ON 126 KIND INDOSTRI | OF BUSINESS O |
| 130 | AL RESIDENCE (IF NURSING HOME OR STATE) 13b COUN | ITY IBLETTY OR TO | SUNT YES NO [| | ewton St | 2180 |
| 14/FA | ATHER'S NAME FIRST | MIDDLE HARVEY | 15 MOTHER'S MAIDEN N | she RMIDDIE | Milch | ou |
| | WAS DECEASED EVER IN U.S. AR. | MED FORCES? 166 SOCIAL/SEGENT PROPERTY | CURITY NO 17 INFORMANT | esht (=x) | 1436 PEN | whene |
| CERTIFICATION | | DUE TO, OR AS A CONSEO | <u>O DEATH</u> BUT NOT RELATED TO THE TER | | DITION GIVEN IN PART I | INGS USED |
| RTIFIC | | | | YES NO | IN CERTIFYING CAUSE YES | S OF DEATH? |
| CAL | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER | HOUR AM MONTH | DAY YEAR | RRED LENTER HAT RE OF INJUR | Y IN ITEM 18 PART OR PART / | |
| MEDI | VIII INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY LATHOME STREET FACTORY OFFIC | E FARM EIC STREET | ITY OR TO | | STATE |
| | | tal) attended the deceased from 10 - 5 1 view the bady after death. | DEGREE ATTENDING | n death accurred on the do | ite and hour and from th | |
| | 228 PHYSICIAN'S NAME HYPE O | | 22e ADDRESS | DIRECTOR PHYSIC | - | sethe: |
| 230 8 | BURIAL, CREMATION, REMOVAL | 236 DAJE /1987 23 | PARSONS CEMATORY | 23d LOCATION SALISB | UYG | Ad. STATE |
| 24 FI | UNERAL DIRECTOR | BORES | 25a DA | ATE REC D BY REGISTRAR | 24 REGISTRAR S SIGN | TURE |

C 0 7 1 1 0 17 10 Robertha Millerin Robert Steel Frederick Berlin Contract States and St

by the attending physician and itse, remove carbon papers. Pages

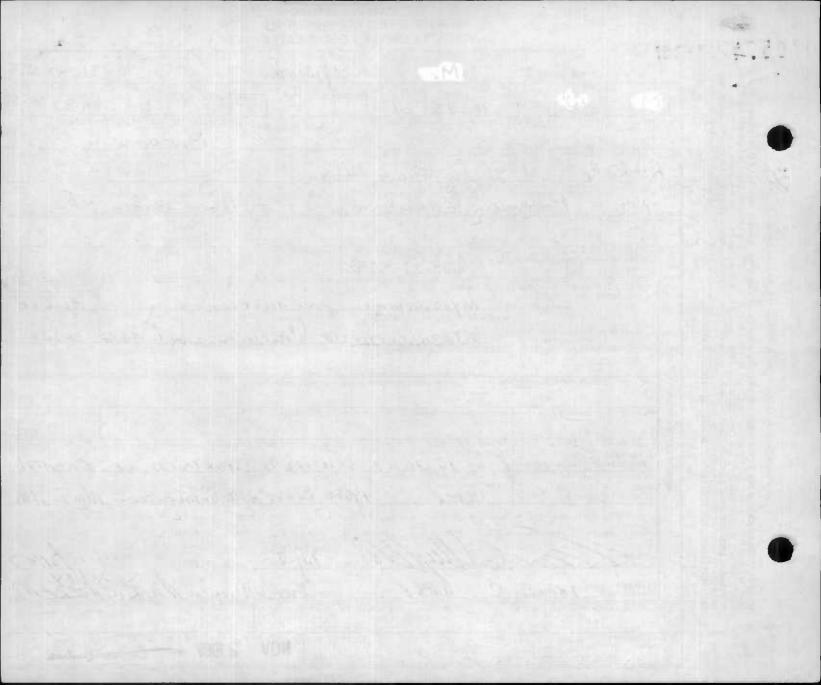
DHMH 16 60M 7 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEIENE

| U | | FOR STATE RECUSTRAR | DEPA | | EALTH AND MENTAL HES | REG. NO | |
|-------|---------------|---|-----------------------------------|------------------|--------------------------------|---------------------------------|---|
| 0 | | CLASED NAME FIRST | MIDDLE | l. | AST | 20 DATE OF DEATH MONT | H DAY YEAR 26 HOUR |
| | | | SARET There | sa u | looDs. | 10 | - 10-87 0005 M |
| | 3. SE) | · | 4 RACE | 5 DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY) | |
| | | F | ,C | May | ~ | - | YRS MIN. |
| | | RTHPLACE ATE OR FOREIGN | 76 CITIZEN OF WHAT COUNT | RY? B | NEVER MARRIED | 9 BALTIMORE CITY OR CO | UNTY OF DEATH |
| 1 | | eland | USA | WIDOWE | | MONTGOME | RY COUNTY MD. |
| 1 | 10 CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NU | | R OTHER INSTITUTION | 120 USUAL OCCUPATION | 126 KIND OF BUSINESS OR |
| | | KOMA PARK | WASHINGTON | ADVE | JIIST HOSP. | Typist | Sakeway |
| 5 | 13a S | AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR | NTY 130 CITY OR | | 13d INSIDE CITY LIMITS? YES NO | 130 STREET ADDRESS / ZIP | |
| - | 14 FA | THER'S NAME | MIDDLE LAST | | 15. MOTHER'S MAIDEN NA | ME | |
| 0 | 8 | 7 1 + | rancis Wood | 1. | Annie b | WIDDLE | Dalaine an |
| | | VAS DECEASED EVER IN U.S. AR | RMED FORCES? 166 SOCIALS | SECURITY NO. | 17 INFORMANT | ADDRESS | Robinson |
| 1 | No | | IVE WAR OR DATES) | 0-8003 | Anna Jane Wac | ods Sister _ | Samo as 13 |
| 1 | | 18 CAUSE OF DEATH (Enter or | nly one cause per line for a . (b | and s- | 0 | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | | PART I. DEATH WAS CAUSE | ED BY | lnar | ntion | | |
| | 13 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | DUE TO, OR AS A CONSI | CONTENICE OF *** | 0 0 1 | | |
| | | Conditions, if any, which | (15) NUL | 2 Las Va | the Dread | cancer | |
| | | gave rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CONSE | OUENCE OF | | | |
| | | | (c) | | <u> </u> | | |
| | Z O | PART 2 OTHER SIGNIFICANT (| CONDITIONS CONTRIBUTING | TO DEATH BUT | NOT RELATED TO THE TERM | ainal disease or conditio | N GIVEN IN PART 1 0 |
| 9 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WE | HICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? 206 IN (| IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO |
| | CER | 210 ACCIDENT WAS UNDERLYING | 216 TIME OF INJURY | | 21c HOW INJURY OCCUR | RED CENTER NATURE OF MURY IN IT | EM 18 PART - LIR PART 21 |
| 7 | CAL | OR CONTRIBUTING CAUSE OF DE. | | DAY YEAR | | | |
| dill. | 50 | 21d INJURY OCCURRED | 21e PLACE OF INJURY | 19 | 21f LOCATION | | |
| | MEDI | WHILE NOT WHILE AT WORK | TATHOME STREET FACTORY OF | FICE FARM ETC) | STREET | CITY OR TOWN | OUNTY STATE |
| | | | pital) affended the deceased fro | om bu | muler 1985 | to Oct 10 | 19 that Diwerlast |
| | | saw the decased alive on | of view the body alter death. | 19 \$ 7 . or | id that in (my)(our) opinion | death occurred on the dote ar | nd hour and from the causes stated |
| | | 276-SIGNATURE TO A 7 | 78.7 | | DEGREE | | THE DOUBLE STONED |
| | | VA | andall | | ATTENDING PHYSICIAN | MEDICAL STAFF | 10/10/17 |
| / | | THE PHYSICIAN'S MAME (1794) | HAIDAK | | 23. ADDRESS QUIT | Ear, had | > |
| 2 | 23a B | BURIAL, CREMATION, REMOVAL | L 23b DATE | 231 NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | L'OUNTY LATE |
| | | urial | Oct 13 1987 | Mt Con | fort Cemeteri | | Virginia |
| 84 | | | is J. Collins | | 250 DAT | E REC D BY REGISTRAR 200 R | 7 1 7 1 00 |
| 04 | 50 | O University B | Pud W Silver | y Sprine | Md. 209010C | T 1 4 1987 July | is Devidoon-Mandall |
| | /// | U UNAVERDAAG DA | A VIII A WALLEY | L DIVINILLE | - NU. e. C. V | | |

066763 011507

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE - STATE REGISTRAR REG. NO EASED NAME O DATE KNOWN 198 Milton DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male Caucasian 16 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland United States armery County, MD CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (THE OF WORK 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION service Station FOR MOST OF WORKING LIFE Owner 3a STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE FIRST William Franklin Woodward Estelle Rose Galion 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO Yes WWIT Mrs. Eloise L. Woodward, Wife, Same as #13 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY MYOCHRAIAL INFARCTIO IMMEDIATE CAUSE (0)_ DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a stating the under lying couse lost. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL TO ENGRARE ABOLAL BE USED AS A BUJ AFFER DEATH, WITH THE STATE DEPARMENT OF HEATTH AND BAJTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATI PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEALTH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III 190 DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21a EXTERNAL CAUSEWAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED TIE PLACE OF INJURY AT WORK AT WORLE Inspection 220 I certify that I took charge of the remains described above, held on and in my opinion Suicide Homicide Undetermined monner EXAMINER'S NAME TYPE OR PRINT November NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE Darnestown Presbyterian 4, 1987 Burial 17 84 Church Cemetery Darnestown Robert A. Pumphrey Funeral Home/ DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Rockville, Inc. (VR A15 ME (5)) 300 W. Montgomery Ave., Rockville, MD. 20850



REGISTRAR

DECEASED NAME

Male

Tennessee

10. BIRTHPLACE (STATE OR FOREIGN

23a BURIAL CREMATION REMOVAL

Burial

23b DATE

74 FUNERAL DIRECTOR ROBERT A. Pumphrey Funeral Home/

300 West Montgomery Avenue Rockville, Maryland

October

22, 1987

3. SEX

EIRST

4 RACE

Floyd

MIDDLE

Dona1d

White

Th CITIZEN OF WHAT COUNTRY?

United States

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20

Word

5 DATE OF BIRTH

Sept.

WIDOWED

REG. NO 20 DATE OF DEATH MONTH October 17, 1987 6 AGE (IN YEARS LAST BIRTHDAY) 1933 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery County 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING HEE INDUSTRY Ret. Corpsman U.S. Navv 13e STREET ADDRESS / ZIP CODE 7820 Miller Fall Rd. 20855 Coffman ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT vears vears 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED

IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IE NOT IN SUCH FACILITY GIVE STREET ADDRESS) Bethesda NIH, The Clinical Center USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY 13c. CITY OR TOWN Maryland Montgomery Derwood 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST William Avery Word Tommie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Yes 410-50-9346 Mrs. Judith Word, wife, same 18 CAUSE OF DEATH (Enter only one cause per line for (a., (b), and ic PART I DEATH WAS CAUSED BY Cardiorespiratory arrest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Metastatic bladder cancer Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last Atherosclerosis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 710 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET FACTORY OFFICE FARM ETC.) AT WORK AT WORK 270 I certify that (X(this hospital) attended the deceased from AUSUST 4 19 87 to October 17 19 87 saw the deceosed alive an October 17 , and that in (mX (our) opinian death occurred on the dote and hour and from the causes stated above, (tx(we) (did) (detxnxt, view the bady after death 226 SIGNATURE DEGREE 22c DATE SIGNED MEDICAL STAFF ATTENDING MO 10 18187 PHYSICIAN DIRECTOR PHYSICIAN 22c ADDRESS National Institutes of Health, Clinical 22d PHYSICIAN'S NAME (TYPE OR PRINT) Umprekmover, mo Center, 9000 Rockville Pike, Bethesda, Md. 20892

23c NAME OF CEMETERY OR CREMATORY

Arlington National

Cemetery

CITY OF TOWN

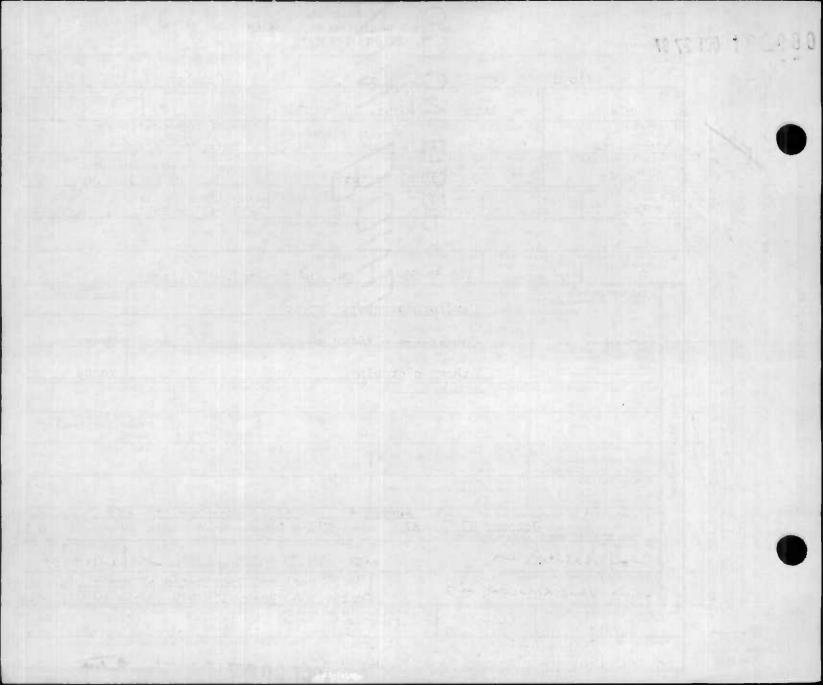
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Arlington, Virginia

DHMH 16 60M 7/84 (VRA 15, 4)

00

Mentol



STATE OF MARYLAND - STATE

FOR

3 SEX

CERTIFICATION

MEDICAL

00

+

MPORTANT

REGISTRAR 1 DECEASED NAME

FIRST

| DEPARTA | MENT OF HEALTH AND MENTAL HÝ CERTIFICATE OF DEATH | PGIENE REG I | 40 | | 24 | 10 | |
|------------------|--|------------------------|----------|---------|---------|------------|-------|
| MIDDLE | LAST | 20 DATE OF DEATH | MONTH | DAY | YEAR | 26 HOUR | |
| Lound | 11 1 111 | | 10 | 24 | 87 | 15: | /ZM |
| | 5 DATE OF BIRTH | 6 AGE (IN YEARS LAST B | RTHDAY | IF JND | ER YEAR | IF UNDER . | 4 HRS |
| ASIAN | MONTH DAY YEAR 3 24 1/ | 76 | YRS | MUNIO | UAIS | HOUN'S | MIN |
| OVERTICAL COLUMN | 10 | TO DALTHA ODE CITY | 00.00111 | TV OF D | CATLL | | |

| MALE | CAUCASIAN | 3 24 | 1/ | 76 | YRS | | | |
|------------------------------------|---|---------------|-------------|----------------------|---------|-------------|--------|------|
| TO BIRTHPLACE IS ATE ON FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER | MARRIED - | 9 BALTIMORE CITY OR | COUNTYC | OF DEATH | | |
| VIRGINIA | U. S. A | WIDOWED | ONORCED [| Mentos | near | | | ٨ |
| CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING | | STITUTION | 120 USUAL OCCUPATION | | 126 KIND OF | BUSINE | 55 C |
| ROCKVILLE | Shedy Vie | | ist thosper | to BOARD OF | ED. | | | |
| USUAL RESIDENCE LIF NURSING HOME O | ROTHER INSTITUTION GHE RESIDENCE BEFORE | ADMISSION) | / | | | 2000110 | 1 | |

130 STREET ADDRESS / ZIP CODE 20842 136 COUNTY 136 INSIDE CITY LIMITS? 130 CITY OR TOWN BIE WOODS ROA 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST MIDDLE

LAFORCE E 17 INFORMANT ADDRESS. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 21930 BIE WOODS RD (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) NO DICKERSON

APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for ia), (b) and ic PART I DEATH WAS CAUSED BY Jatory IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF (nows. Conditions, if ony, which HELLIGH ME gove rise to immediate couse to, stoting the DUE TO, OR AS, A CONSEQUENCE OF underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TARMINAL DISEASE OR CONDITION GIVEN IN PART 1 10

| 190 DATE OF OPERATION | 196 CONDITION FOR WHICH C | DPERATION WAS PERFORMED | 200 AUTO | | 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH | | |
|---------------------------------|---------------------------|-------------------------|------------|--------------|--|------|--|
| | | | YES 🗌 | NO | YES | NO [| |
| 2 In ACCIDENT WAS UNDERLYING TO | 216 TIME OF INJURY | 21r HOW IN IURY OCCURR | FD LENGERN | OF OF BALLIE | VINITERATE DADY TOP DADI | 21 | |

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDIC AL EXAMINER) PM 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE, FARM ETC) LITY OR TOWN STREET AT WORK NOT WHILE

22a I certify that (1) this hospital) ottended the deceased from sow the deceased alive on OCOF 24 above (1) we idid did non view the body after death and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

SIGNATURE DEGREE 221 DATE SIGNED STAFF new YM ATTENDING MEDICAL

PHYSICIAN

22d PHASICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Pleysicians Lone 14801 JEFFREV CRANE M. D.

20850 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE

DIRECTOR PHYSICIAN

DHMH 16 60M 7/84 (VRA 15, 4)

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| RE | G. | N | 0 |
|----|----|---|---|

| - | 318 | FOR 7STATE REGISTRAR | | DEPARTA | | EALTH AND MENTAL HYS | IENE REG. N | 10 | 9 | 1 |
|----|----------------------|---|---|--|-----------|---|----------------------------------|--|--------------|-------------------------------------|
| | | CEASED NAME FIRS | AKA: Joy | e Ziebel | | AST | 20 DATE OF DEATH | | YEAR | 26 HOUR |
| | (TYPE | OR PRINT) | ETTY JOYC | E ZIEBELL | | | OCTOBER 5 | 1987 | | 12:10 A |
| | 3 SEX | | 4 RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST BI | | UNDER I YEAR | IF UNDER 24 HRS |
| | I | FEMALE | CAUCA | SIAN | DECE | MBER 5 1933 | 53 | YRS | DATS | HOURS MIN |
| 4 | 7a Bl | RTHPLACE TOTALE OF FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | D XNEVER MARRIED | 9 BALTIMORE CITY | | DEATH | |
| ſ. | | EORGIA | UNIT | ED STATES | WIDOWE | DIVORCED | MONTGOMER | Y | | MD. |
| 7 | 10 €1 | TY OR TOWN OF DEATH | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | ION OF WORKING LITES | 126 KIND C | F BUSINESS OR |
| L | arte. | BETHESDA | | NAVAT. | HOSPI | TAL | HOUSEWIF | | | Home |
| - | USU/ 13a S MAF | AL RESIDENCE (IF NURSING HOSTATE 136 C | ME OR OTHER INSTITUTION COUNTY NTGOMERY | ONE RESIDENCE BEFORE 130 CITY OR TOW CHEVY C | HASE | 13d INSIDE CITY LIMITS? YES NO [| 136 STREET ADDRESS 8741 SUSAN | / ZIP CODE INA LANE | 2 | 0815 |
| 1 | 14_FA | ATHER'S NAME FIRST LEON Y | OUNG GRAN | BERRY | | 15 MOTHER'S MAIDEN NAME FIRST AVI | E RICE | | LAS | 1 |
| | | VAS DECEASED EVER IN U. | S ARMED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDR | ESS | | |
| | .0 | NO NO OR UNKNOWN) (IF A | ES GIVE WAR ON DATES! | 252-46- | 3718 | EARL L. ZIEBI | ELL,8741 SU | SANNA L | ANE, C | HEVY CHAS |
| | | 18 CAUSE OF DEATH (Ent | ter only one couse pe | r line for ol, (bl, on | d c | MD 20815 | | | BETWEEN | MATE INTERVAL |
| 1 | | | AUSED BY EDIATE CAUSE 10) | | STATI | C BREAST CANC | ER | | | |
| | | | DUE TO C | R AS A CONSEQUI | ENCE OF | | | | | |
| | NOI | couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICA | 61 0_ | ONTRIBUTING TO | | NOT RELATED TO THE TERM | INAL DISEASE OR COM | NDITION GIVEN | IN PART 1 | a |
| | CERTIFICATION | 19a DATE OF OPERATION | 196 CONE | ITION FOR WHICH | OPERATIO | ON WAS PERFORMED | 200 AUTOPSY? YES NO X | 206 IF YES, W IN CERTIFYIN YES [| NG CAUSES | |
| 1 | | . ?] a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA | OF DEATH HOUR A | DE INJURY .M. MONTH D .M. | AY YEAR | 21c HOW INJURY OCCURE | RED (ENTER NATURE OF IN) | URY IN HEM. 8 PART | OR PART 2) | |
| | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | LAT HOME ST | OF INJURY REET FACTORY OFFICE I | FARM ETC) | 211 LOCATION STREET | ITY OR T | OWN | COUNTY | STATE |
| | | 22a.1 certify that (1) (this saw the deceased of above, (1) (we) (did) (c | ve on OCTOBE | R 5 19 | | ST 25 19 87 nd that in (my) (our) opinion i | to OCTOBER | | | that (I) (we) lost couses stated |
| | | 226 SIGNATURE | Solan | MD | | DEGREE ATTENDING PHYSICIAN | MEDICAL STA | AFF | 220 DATE | SIGNED C+ X7 |
| | 1 | 224 PHYSICIAN'S NAME | (TYPE OR PRINT) | | | 22e ADDRESS NAVAL | HOSPITAL | | | |
| | | R. P. DOLAN | I, LT, MC, | USNR | | | SDA, MD 208 | 314-5011 | | |
| | | BURIAL, CREMATION, REMO | | | NAME OF | CEMETERY OR CREMATORY | 23d LOCATION | | | |
| | | Burial | 10/9 | /87 Ar | lingt | on National C | em. Arlj | ngton, | VA | STATE |
| | 24 FU | | seph Gawl | | | | | R 256 REGISTRA | R'S SIGNA | Tillidaes |
| | 5 | 130 Wisconsin | | | | | 01 00 1001 | U | | |

DHMH 16 60M 7/84 (VRA 15, 4)

BP.

96634 5 (CT 13 CT ATT. HOST-ING. I . TO INSCRIPT TO THE POSITION OF THE PARTY OF THE PAR compa alerte former

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| L | 17 | FOR STATE REGISTRAR | DEPARTM | | EALTH AND MENTAL HYG ICATE OF DEATH | REG. NO |) | · j | |
|-------|--------------|--|---|-----------|--|--|--------------|-------------|----------------------------------|
| | | EASED NAME FIRST | WIDD: E | | AST . | 20 DATE OF DEATH MO | NTH DAY | YEAR | 2b HOUR |
| | | DORA | | ZI | | 1 | 07 | 87 | 210/5 |
| 3 | SEX | | RACE | S. DATE C | DAY- YEAR A | 6 AGE (IN YEARS LAST BIRTHDA | | UNDER YEAR | HOURS AIN. |
| - | | EMALE THPLACE ATE OR FOREIGN 1 | CAUCASIAN LOUTIZEN OF WHAT COUNTRY? | 2 | 25 1884 | 9 BALTIMORE CITY OR C | | EDEATH | |
| 1 | CC | DUNTRYI | | MARRIE | NEVER MARRIED | MA ANT O | AAA (| OV | |
| 4 | | USSIA | U.S.A. | WIDOWE | | 1101016 | OME | KY | MD |
| 3 | Sil | ver spring | 1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) | ROS | S STATES INSTITUTION | 129 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WO HOMEMAKE | RKING LIFE) | | F BUSINESS OR |
| 7 | MA MA | RYLAND MONT | | | | 130 STREET ADDRESS / ZI | LIC | RD.: | 20902 |
| | I FAT | HER'S NAME HARRIS | MDDLE BLO | СК | ANNA | WIDDLE | | OSWÍ | TSKY |
| | 6a W. (∀E | AS DECEASED EVER IN U.S. ARM S NO OR UNKNOWN) (IF YES GIVE | MED FORCES? 166 SOCIAL SECU WAR OR DATES! 212-68- | | 17 INFORMONAUGHT ELEANOR Z | ER-in L ^{ADDRESS} INS:7514 NE | MARY | RV .: 1 | 20814 BETHESDA |
| | | | y one cause per line for (a), (b), and BY E CAUSE (a) | 5 P) | KATORY | ARRES | T | BETWEEN | MATÉ INTERVAL ONSET AND DEATH |
| | | Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUE | EB | AL FI | HRM BOS BRICCATI | | 91 | 1922 |
| 1 | | PART 2 OTHER SIGNIFICANT C | onditions <u>contributing to </u> | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDIT | on given | I IN PART 1 | 3 |
| 7 | U | 9a date of operation | 196 CONDITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? 20 IN | L CERTIFYIN | | OF DEATH? |
| all I | ۷ I | 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | | YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN | ITEM TS PART | OR PART . | |
| | ш | WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F | ARM ETC) | 211 LOCATION STREET | LITY OR TOWN | | OUNTY | STATE |
| 1 | | 22a I certify that (I) (this haspit saw the deceased alive an above, (I) (we) (did) (did hat | ol) ottended the deceased fram | | nd that in (my) (aur) apinion | death occurred on the date | and hour o | | |
| | | 226 SIGNATURE | oboli | ~ | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 1 🗆 | 22c DATE | 7 17 |
| | | 224 PHYSICIAN'S NAME (TYPO) | 10AK, MD | | TO 6 16 | WE HAMA | リントノ | WAS | 1 VE 471" |
| | | JRIAL, CREMATION, REMOVAL | 23b DATE 23c N | IAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | - Augusta | VIATE |
| | | BURIAL | | | LEBANON | _ ADELPHI | _ | G | MARYLAN |
| | 1 1 | NEDWNZANSKY-G 70 ROCKVILLE | OLDBERG MEMOR PIKE: ROCKVI | IAL | CHAPELS OCT | 1 3 1987 | Danie | - May | tite. |

DHMH 16 60M 7 B4 (VRA 15, 4)

FOR - STATE

LECEASED NAME

Female

| | | STATE OF MARYLAND | - 7 |
|----|----------|-------------------------------------|-----|
| | DEPAR | RTMENT OF HEALTH AND MENTAL HYPTENE | 1 |
| B. | Zlotnick | CERTIFICATE OF DEATH | |

5 DATE OF BIRTH

20 DATE OF DEATH MONTH 2b HOUR

76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED

DIVORCED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

1898

Homemaker

Home

Chevy Chase MD Mont.

4 RACE

White

ZLOTNICK

15. MOTHER'S MAIDEN NAME 17 INFORMANT

BALTIMORE CITY OR COUNTY OF DEATH

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Estelle B. Reiner Same as Item # 13

PART I. DEATH WAS CAUSED BY Terio sclerolic Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last

Dudder

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or

| | 216 TIME OF INJURY HOUR A.M. MONT |
|--------------------------------|--------------------------------------|
| OR CONTRIBUTING CAUSE OF DEATH | HOUR A.M. MOINT |

H DAY YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH? NOM 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | DR PART 2)

(IF EITHER NOTIFY MEDICAL EXAMINER) 71e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) WHILE AT WORK

21f LOCATION

Generalized

CITY OF TOWN

22a I certify that (1) (this haspital) attended the deceased from saw the deceased alive an above, the (we) (did 1) that man view the body after death

DEGREE ATTENDING PHYSICIAN

MEDICAL DIRECTOR PHYSICIAN

and that in (my) tour) apinion death accurred on the date and have and from the causes stated

22c DATE SIGNED

230 BURIAL, CREMATION, REMOVAL

23¢ NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cem.

23d LOCATION Brentwood, MD

24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 WI Ave. NW Wash., "DC" 20016

250 DATE REC'D BY REGISTRAR 256 REGISTRAR S SIGNATURE

DHMH 16 60M 7/84 (VRA 15, 4)

ld b

· 6 Y - 3

Milver Spr.

60 At 6 6 At 16

St acct

Talianas-F 0

ESSEE . ON THE ORDER X CHANGE AND LINES AND THE COLUMN THE COLUMN THE COLUMN TWO COLUMN THE COLUMN TWO COLUMN THE COLUMN TWO COLUMN TWO COLUMN THE COLUMN TWO COLUMN

Ulle de la Seirer Same as Tten 1 15

murini 10/14/87 Fr. Lincoln Cen.

. Jode of the Canton Some, Inc. SING DO . Manh Will Ave IN DEED

Transucod, Ho

| | | | | | | ST | ATE OF MAI | RYLAND | . 7 | 3 | 0 2 | 204 | |
|--------|--|--|-------------------------|---|------------------|---------------|------------------------|------------------|-------------------|---|--------------|-----------------------------------|---------------|
| . 6 | 1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENES 1787 10/07/37 375 | | | | | | | | | | 75-1 | | |
| T-1 | 87 REGISTRAR CERTIFICATE OF DEATH & UESSMA REGIONA | | | | | | | | | | | | |
| | I DECEASED NAME FIRST MIDDLE LAST LO PATE OF DEATH MONTH LONG LAST | | | | | | | | | | AY TEAR 1 26 | HOUR 16: | |
| | Moal zuessman : 10/2 3 16 2. | | | | | | | | | | 2 . 9 ! | 13 42 W | |
| | 3 SEX MALE | | | 4 RACE SDATE OF BIRTH AND AGE (IN CARSTAST BIR | | | | | | N & ARS LAST BIRTH | DAY) | OF UNDER I YEAR IE | OURY MIN. |
| | | | | CAUC. 01 27 07 | | | | | 1 80 | 80 YRS | | | |
| ome | | RTHPLACE (STATE OR | | 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED MARRIED 9 BALTIN | | | | | ORE CITY OR | | | 7.0 | |
| D | 200 | ennsylvania ITY OR TOWN OF DEATH | | U.S. | | | | | | 100000000000000000000000000000000000000 | / ' | 126 KIND OF BUSINESS OR | |
| otitie | Bethesda | | | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) | | | | | E) INDUSTRY | / | | | |
| | | | SING HOME OR C | Suburban Hospital Dither institution give residence before admissions | | ONI | | | Security Guard (R | | | et.) U.S.Gov't | |
| 14 | 130. 5 | STATE 13b COUI | | NTY 13c CITY OR TOW | | TOWN | WN 13d INSIDE CITY LIM | | | ADDRESS / | | 7 (000) | |
| | | ryland ATRER'S NAME | Monto | pomery | Rocky | ille | YES X | NO [| 16121 | Montro | ose Ro | oad (2085 | 02) |
| 5. / | | ICHIEL | M | IDDLE | ZUESS | SMAN | | SARAH | | WIDDIE | | GERSÖN | |
| 1 | | VAS DECEASED EVER | | | 16b SOCIAL | | | | | SAPIVE | er Spi | ring, Md. | |
| 16 | () | Yes, no or unknown) | WWII | WAR OR DATES) | 578-0 | 07-03 | 64 Jose | eph Zuess | sman;B | | | 5 Amherst | |
| # | | 18 CAUSE OF DEAT | H Enter only | y one cause per | line for to , (b | o, and ic | , | | | | | APPROXIMAT. BETWEEN ONSE | |
| | | PART I. DEATH V | VAS CAUSEĎ IMMEDIATE | | Caro | liop | ulmor | ary | arr | est | | | T AND DEATH |
| | | | | | R AS A CONS | FOUENCEO | F - | . 1 | | | | 2/- | 110 |
| | | Conditions, if any | | (b)_ | Sev | ere | Sel | ses. | | | | 2 de | 247 |
| | | gove rise to important cause (a), statis | ng the | DUE TO, O | R AS A CONS | EQUENCE O | FI | | | | | 12 da | US |
| | | underlying cause | lost | ((c) | 2/6 | Volvi | wws | | | | | 240 | 1 |
| | z | PART 2 OTHER SIG | NIFICANT CO | ONDITIONS CO | ONTRIBUTING | TO DEATH | BUT NOT RELA | TED TO THE TERM | MINAL DISEA | ASE OR CONDI | TION GIVE | EN IN PART 1 a | |
| _ | ATION | 19a DATE OF OPERA | TION | 19h COND | ITION FOR WI | HICH OBERA | TIONI MAKAS DE | BEOBLIED | 20- 011 | TOPSY? | Jak IF VEC | WEDE EN IDA LOS | |
| 7 | CERTIFICAT | DAIL OF OFERA | 11014 | 170 COIND | ITTOTA FOR VAL | HICH OPERA | TION WAS PE | KLOKWED | | | IN CERTIFY | , WERE FINDINGS YING CAUSES OF | DEATH? |
| 4 | ERT | 210 ACCIDENT WAS UN | DERLYING | 216 TIME O | F INJURY | | 21c HO | V INJURY OCCUR | RED (ENTER | NO | | | 10 |
| 4 | | OR CONTRIBUTING | | | M. MONTH | | AR | | | THI ONE OF HITOM | | | |
| | EDICAL | 21d INJURY OCCUR | | 21e PLACE | OF INJURY | | 21f LOC | | | | | | |
| | ¥ | WHILE NOT WE AT WO | HILE | (AT HOME STE | REET FACTORY OF | FICE FARM ETC | 5 | REET | | LITY OR TOWT | N | COUNTY | STATE |
| | | 22a I certify that (I) | | al) attended th | e deceased fr | om | 10 -1 | 19 8 | 7.10 | 10- | 21 | 19 87 that | (l) (ve) last |
| | | sow the decease obove, (Mwe) (| ed alive on_ | | after death | 19 87 | , and that in | my) (our) pinion | deoth occur | red on the date | e ond hour | and from the cou- | ses stated |
| | | 22 5 5 1 TOPE | 1 |) | / | 1 | DEGREE | | | | | 220 DATE SIG | NED |
| | | togto | V | de | bed | PZ | nD | PHYSICIAN [| MEDICA DIRECTO | R PHYSICIA | AN D | 10-3 | -87. |
| 1 | | 224 PHYSICIAN'S N. | AME (TYPE OR | PRINT) | | 1.03 | 22e ADE | RESS | 1 - | 5000 | 0 | 00 | |
| Z | | 10 KE | 70 | 2 | ALB | 100 | 6, | 21/2 | 000 1 | ROS | E | KY) | |
| | | URIAL, CREMATION, | REMOVAL | 23b DATE | | | | OR CREMATORY | CI | CATION | | COUNTY | STATE |
| | D | urlai | | 10/6/ | 87 | D.C. | Lodge (| Cemetery | Wa | shingto | n, D. | .C. | |

230 DATE REC'D. BY REGISTRARY S. REGISTRAR'S SIGNATURE DECEMBRISHED TO THE PROPERTY OF THE PRO

⁷⁴ FUNERAL DIRECTODANZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 Rockville Pike; Rockville, Md. 20852

DHMH = 16 60M 7/B4 (VRA 15, 4)

18 0-100 2 12 780 OCT O7 807 / LE